

The Impacts of Religious Rational-Emotive Behavior Therapy (RREBT) on Mental Health: A Comparative Review

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Abstract

Mental health affects how individuals deal with stress, communicate with others, and make wise decisions. Rational-emotive behavior therapy (REBT) principles can be integrated with patients' religious beliefs and faith to address some mental health issues. The primary goal of this article is to assess the impacts of various forms of religious REBT (RREBT) on patients' mental health. This research adopted a comparative, scoping literature review method. The findings show that various forms of RREBT exist, but the most frequently used approach is Christian REBT (CREBT), followed by Islamic REBT (IREBT) and Jewish REBT (JREBT). Three studies examined IREBT and reported its significant positive effects in treating posttraumatic stress disorder, negative self-esteem, and family distress and conflict. Only one study focused on JREBT, demonstrating that it effectively reduced family distress symptoms and marital conflict. The rest of the studies focused on CREBT, and their findings ranged from its significant positive effects in managing emotional distress, panic attacks, avoidance, deficiencies in social communication, binge eating, aggression, depressive symptoms, poor work-life balance, poor quality of family life to symptoms of family distress and marital conflict. These three forms of RREBT have been applied in one study to manage family distress symptoms and marital conflict among couples. Based on evidence from five studies, depression is the most commonly treated mental health disorder by RREBT counselors. Across all studies reviewed, changes in irrational cognitions, irrational beliefs, and automatic negative thoughts were the most common change processes. RREBT clinicians employing any of these approaches in their clinical practice and research are urged to highlight the therapeutic techniques that worked for their clients, how much time it took them to achieve the desired change as well as the mechanisms of change so that future therapists can be able to adapt their procedures for their clients.

INTRODUCTION

A person's mental health is crucial from childhood through adolescence and adulthood. Mental health awareness has been growing steadily along with reports of mental disorders (Eloul et al., 2009; Nasir & Abdul-Haq, 2008; Obermeyer et al., 2015; WHO, 2021). According to the World Health Organization (2022), mental health characterizes one's ability to manage life's stressors, recognize one's potential, learn and function well, and give back to the community. Given its emotional, psychological, and social wellbeing components, mental health encompasses how individuals feel, think, and behave, influencing their responses to

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stress, interaction with others, and ability to make good decisions. Based on cognitive-behavioral perspectives, mentally ill people have lower mental well-being levels (WHO, 2022). A mental health condition is characterized by mental disorders and psychosocial disabilities, as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm (WHO, 2021; 2022). Certain facets of religiosity are associated with mental health (Nielsen, Johnson, & Ellis, 2001) and are relevant in designing and implementing some psychological therapies (Pearson, 2023). When combined with religious beliefs and faith-oriented concepts, REBT as a psychological therapy can change cognitive-emotively distorted concepts underlying mental health symptoms in religiously devout patients. The primary purpose of this article is to assess the impacts of various forms of religious REBT (RREBT) on patients' mental health.

Literature Review

Rational-Emotive Behavior Therapy (REBT)

According to Nielsen, Johnson and Ellis (2001), REBT posits that mental illness has its roots in irrational evaluative beliefs. Evaluative beliefs are core cognitions about our actions, preferences, and thoughts. These beliefs are not events that cause mental illness but patients' irrational evaluative beliefs about those events. Therefore, REBT posits a distinctive model of pathological emotions based on the primary assertion that irrational evaluative thoughts lead to emotional disturbance. Howlett (1994), using the REBT model, discovered substantial correlations between patients' symptomatology and general belief patterns. Other REBT studies support the proposition that patients' pattern of symptomatology is related to their pattern of thinking and feeling (Eseadi et al., 2015; Popov & Popov, 2013). According to REBT, the majority of self-defeating misery is brought on by illogical ideas manifest as absolutistic judgments (Ellis, 1994). In REBT, patients are helped to understand how unhealthy thoughts and ideas can lead to emotional pain and destructive actions and behaviors that conflict with their current life goals (Psychology Today, 2022). Individuals can build more satisfying personal and professional relationships when negative ideas and behaviors are recognized and altered. Therefore, REBT aims to identify self-defeating attitudes and beliefs, challenge their irrationality, and replace them with healthy, productive beliefs.

REBT helps patients lead more contented and fulfilled lives by addressing their emotional and behavioral difficulties, according to Ellis (1996). Furthermore, clients can learn how to change their low frustration tolerance beliefs into high frustration tolerance beliefs and develop resilience to mental health illnesses through REBT (College of Cognitive Behavioral Therapies, 2015). In the opinion of Kamilatussa'diah and Tamami (2022), the objective of the REBT technique is to improve and change all irrational and illogical behavior and thought patterns so that the counselee can develop himself and eliminate destructive emotional disturbances, as well as to foster self-interest, self-direction, tolerance, acceptance of uncertainty, flexibility, commitment, scientific thinking, risk-taking, and acceptance of self. REBT is a counseling approach that works to change irrational beliefs considered the root cause of a client's problems by devoting much effort towards disputing such beliefs during counseling. Several REBT theorists suggest five strategies for effective disputation: logical disputation, empirical disputation, functional disputation, heuristic disputation, and rational alternative disputation. Although it has been designed in such a way as to make its application flexible, changing beliefs is not an easy process. This is because the counselee's lifetime experiences have shaped them, so it becomes their worldview.

Religious Rational-Emotive Behavior Therapy (RREBT)

Religious rational-emotive behavior therapy (RREBT) has been developed in various ways to assist clients of different religions. According to Albert Ellis, the founder of REBT,

counselors can explore the counselee's religious belief during counseling to facilitate disputation. Ellis recognizes that religious belief has a powerful influence on people (Ellis, 2001). As a result, secular REBT and religious REBT (RREBT) differ in some ways. RREBT aims to assist clients in deepening their faith, decreasing irrational behavior, or IBs, and changing their behavior to align with their religious convictions. Secular REBT conceptualizes mental illness as arising from irrational beliefs. It postulates that the remedy for mental illness should be letting go of irrational beliefs and adopting rational beliefs. This seems congruent to religious teachings, which may be interpreted as reminding religious individuals that changing the beliefs they hold, will affect the circumstances they experience. RREBT and secular REBT use different definitions of rationality and irrationality; in RREBT, these concepts are derived from religious beliefs (Priester et al., 2009).

Additionally, due to the absence of absolutistic judgments in the majority of religious traditions, REBT can accommodate the clients' religious convictions. In order to allow for the integration of religious content with rational-emotive behavioral interventions, religious doctrine frequently contains information that defies absolutistic assessments (Neilson, 2001). Cognitive-behavioral mechanisms such as REBT may act as a mediating factor in the well-established relationships between religious aspects and mental health. Existing forms of RREBT include but are not limited to Islamic REBT (IREBT), Christian REBT (CREBT), Jewish REBT, Buddhism REBT, and Mormon REBT.

Islamic Rational-Emotive Behavior Therapy (IREBT)

The Qur'an is seen as the source of truth and is used to refute IBs in Islamic REBT (IREBT). It acknowledges the value of the Qur'an recital and religious significance. Al-Qur'an integration with the disputation process can enhance the therapeutic effects of REBT when counseling Muslims. The Qur'an is *kalamullah* (the word of Allah) and is the main source of Islamic teachings. Consequently, all Muslims believe what the Scripture says, according to Rahman (2016). The majority of people who use it believe that the Qur'an recitation can significantly outperform secular methods in treating the symptoms of depression (Rafique et al., 2019). Paturrochmah (2020) explains that implementing the REBT theory in Islamic values can result in individuals having healthy personalities and mature personalities, which can build and strengthen them to foster positive mental attitudes.

According to Ayob (2013), IREBT emphasizes the internalization of rational beliefs (as defined by REBT and Islam) not only on a cognitive level but also on a spiritual level. This spiritual transformation aimed at IREBT aligns with REBT's aim for "profound philosophic change" (Ellis, 1980) in the client's basic belief system rather than symptom removal. Incorporating Al-Qur'an into REBT could benefit Muslim counselees more than secular REBT. The counselor must ensure that the counselee strongly believes in the truth of Al-Qur'an before doing so. In this way, the counselor can ensure they will not impose any values on the counselee (Rahman, 2016). Accordingly, IREBT considers psychological, biological, environmental, spiritual, and supernatural factors as possible causes of mental illness. IREBT, therefore, emphasizes identifying and disputing irrational beliefs and replacing them with rational ones. Furthermore, IREBT supports the Islamic theory that faith in God can positively affect emotional health. It is important to note that IREBT does not subscribe to the idea that disbelief in God will definitely cause emotional problems, as some scholars hold. According to IREBT, some people may experience emotional problems due to disbelief in God, while others may not. Since IREBT is based on the Islamic theory that faith in God can positively affect mental health, it is a psychotherapeutic goal within the IREBT framework.

Christian Rational-Emotive Behavior Therapy (CREBT)

The Bible is used to refute irrational beliefs (IBs) in Christian REBT (CREBT), which views it as the final authority on truth (Johnson, 1993). During counseling, prayer is permitted. CREBT acknowledges the significance of the afterlife and its religious meaning (Woldemichael, Broesterhuizen & Liegeois, 2013). CREBT techniques aim to eliminate the tendency for individuals to value themselves above others, which is supported by the Christian belief that everyone is equally worthy and that all sins are forgiven. The principles of REBT also clearly reflect the position of the Christian Churches regarding sin and specifically that it condemns sin and not the sinner (Nielsen et al., 2022). The motivation behind using CREBT is that Scriptural beliefs will result in emotions and behaviors that are biblically beneficial to the client and pleasing to God. The ABC model of REBT is also compatible with the Scripture and Jesus' life (Johnson et al., 1994). CREBT counselors who share a similar religious heritage with their client have an easier time anticipating Scriptural content and religious materials from the client's religious tradition, which can be incorporated into the counseling process to assist the client in resolving their behavioral and emotional issues (Nielsen, 2001).

Furthermore, clinicians can use CREBT in a variety of ways. CREBT can be incorporated with techniques from other models. No limit exists on the number of Bible verses or parables that can be used; individuals or couples can benefit from CREBT (Johnson, 2013). Besides using Scriptural disputation, clinicians without advanced disputation training or knowledge of a client's religion can use general disputation (Johnson, 2001). Clients should be considered when choosing a method. In CREBT, Biblical examples, bibliotherapy, rational prayer learning, and homework assignments are often employed in treatment (Iremeka et al., 2021; Roman, 2011). According to Johnson (1993), homework assignments include reading Bible passages relating to IBs and reviewing the ABC model daily; identifying the client's common IBs; identifying Scripture passages that contradict IBs; identifying truth statements that refute IBs; and allowing the client to decide which techniques he or she wishes to practice. It has been reported that using resources from the client's church can facilitate spiritual growth, increase social support, and aid the client in changing their beliefs, according to Pearce and Koenig (2013). Bibliotherapy can also be used to assign outside reading related to therapy. Books, like those by Ellis or the Bible, can be included. Clients can also experiment with new actions in their church as an alternative to behavioral experimentation (Nielsen, 1994).

Jewish Rational-Emotive Behavior Therapy (JREBT)

Although there is not much empirical research already carried out in REBT and Judaism, Pies (2011) showed how some aspects of REBT philosophy can be congruent with classic Jewish texts. Although some of the articles on Christianity address Biblical ideas relevant to Jewish clients, no systematic guide has been produced for therapists on how to use Jewish religious texts within an REBT framework. From a theoretical perspective, Pies (ibid) explored the connections between rabbinical Judaism, REBT, and cognitive-behavioral therapy (CBT). The paper identifies seven main themes. It is the belief of both the Judaic tradition and REBT/CBT that self-understanding is the key to self-improvement; that the intellect can direct the emotional faculties; an individual's behavior and actions can influence his thoughts and emotions; one should cultivate self-sufficiency and acceptance of one's circumstances; as human beings, all individuals possess intrinsic and unalienable value; happiness and unhappiness are caused internally; and, finally, immediate gratification does not guarantee self-fulfillment in the long run. Jewish REBT can improve mental health patients' self-care and acceptance (Johnson, 2013).

Judaism is based on the belief that God revealed the Torah to the Israelites on Mount Sinai. The main principle of REBT is that cognition is the most important proximal determinant of human emotion; thus, it could be helpful to identify Jewish texts that emphasize the

connection between belief and emotion before disputing irrational beliefs with religious Jewish clients. Based on Pies' (2011) argument, the most important link between REBT and Judaism is the rationalistic principle itself, the notion that we can use our intellect to understand, modulate, and tame our unruly emotions. Traditional Judaism and REBT are based on vastly different metaphysical and theological premises. There is one thing they both have in common. However, they both assert that intelligence is superior to emotion in its struggle with chaos and urges us to take responsibility for our actions.

Furthermore, Schiffman (2016), in his study, provides examples of how Jewish texts from Biblical and Rabbinic literature can be therapeutically used to help religious Jewish clients suffering from clinical anger. Schiffman argues that seven principles underlie both Judaism and cognitive-behavioral practices such as REBT. These are self-awareness and self-examination; self-mastery; being self-sufficient and equanimous is important; it is also important to understand and tolerate others' behavior; and understanding that happiness and unhappiness are "internal causes" and finally, self-fulfillment cannot be achieved through short-range hedonism or immediate gratification (ibid). Thus, we must be fair to ourselves in REBT and the rabbinical tradition. Disputation and other REBT therapeutic techniques are highlighted and accompanied by Jewish texts. In addition, different Jewish denominations and backgrounds on Biblical and Rabbinic sources are reviewed. Due to the fact that anger is a moral emotion (Power & Dalgleish, 2016) and can be interpreted as a moral, religious precept rather than a legal or ritual concept, any affiliated Jew could theoretically appreciate the significance of the sources when it comes to using religious texts with clients in anger intervention.

Buddhist Rational-Emotive Behavior Therapy (BREBT)

A review of the medical literature shows that REBT in the context of Buddhism received little attention (Christopher, 2003). However, it is important to note that while REBT and Buddhism are generally considered distinct domains, the theoretical underpinnings of certain REBT constructs are inextricably linked to Buddhism. In other words, REBT and Buddhist principles share many theoretical and applied similarities. Both the Buddha and Ellis aimed to improve the human condition rationally and empirically.

According to Kwee and Ellis (1998), REBT and Zen Buddhism both value empirical work modes and logico-empirical methods of science that are flexible and anti-dogmatic. As Ellis (1979) points out, REBT's empirical focus was profoundly influenced by the Buddha along with Epictetus and Marcus Aurelius. REBT's implementation of the Buddha's active-directive teaching style exemplifies Ellis's adherence to Buddhist philosophy, in which he urged his students to examine their self-constructed feelings and thoughts. If they fail to work, rethink and work hard to change them. In striving to improve the human condition, the Buddha and Ellis promote rational and appropriate feelings and affects, commitment to living, and an egoless state of being. In REBT, clients are taught a method for developing rational beliefs, reducing anxiety and hostility (Patterson & Watkins, 1996).

Due to their empirical origins, REBT and Zen Buddhism adhere more closely to science than dogmatism. The REBT ethics code encourages clients to test theories co-generated by the therapist and client during real-life sessions, following the Buddha's emphasis on empiricism and anti-dogmatism. Further, REBT emphasizes that individual acts can and often do have a global impact, to the extent that therapeutic components of REBT include enlightened self-interest, social interest, and commitment to something outside of oneself. Individuals benefit society in the same way they benefit themselves. It is also easier to give more to others when one accepts themselves unconditionally as a fallible human being to change (Ellis, 1973).

Mormon Rational-Emotive Behavior Therapy (MREBT)

Mormonism, also known as The Church of Jesus Christ of Latter-day Saints (LDS), is an ever-expanding Christian religion ([The Church of Jesus Christ of Latter-day Saints, 2021](#)). Mormonism is characterized by a devoted faith in God and Jesus, a belief that man is punished for his sins, salvation occurs through obedience of the gospel and atonement, and faith in healing through religious visions. The Book of Mormon and the Bible are both divine revelations, and the importance of being honest, benevolent, and doing good works ([History.com Editors, 2021](#)). Despite their claim that faith in Jesus can overcome weakness, heal pain, and bring peace to a person's life, Mormons also experience mental and emotional suffering. Most people experience anxiety and depression at some point in their lives, including Latter-day Saints. It is also not uncommon for them to be plagued by phobias, psychoses, and character disorders. Although religion significantly influences character development, living a Mormon lifestyle may affect psychopathology in this population. Because of their deeply held religious beliefs, Mormons may experience mental and emotional conflicts. Thus, many Mormons may be resistant to psychotherapy in general. Therapy approaches that integrate the Mormon faith with REBT may be more widely accepted when working with this population. According to Lyon (2013), the LDS community favors cognitive-behavioral treatments, including REBT, over psychodynamic and psychopharmacological treatment approaches.

According to Judd (1996), Mormons believe that people who live their lives in line with their Mormon beliefs are more satisfied with life in general, have better marital and family stability, have less delinquency, depression, anxiety, and substance abuse, and believe in the healing power of religious visions. In order to establish a good therapeutic alliance with a Mormon patient, it may be most important to integrate REBT with the Mormon faith. In order to build a strong working alliance with a Mormon client, the therapist must be open to understanding their religious convictions and beliefs ([Koltko, 1990](#)). It is also important for a therapist working with this population to explain the potential benefits of looking inward, such as learning from mistakes, which is highly valued among Mormons. While some studies have explored the benefits of the Mormon lifestyle on mental health (especially the mental health of Mormon women) and the relationship between psychotherapy and the Mormon faith, research evidence regarding integrating Mormon and REBT for the treatment of the mental health of Mormon believers is lacking, to the best of the researcher's knowledge.

Rationale of The Study

The rising body of research on the link between mental health and religion indicates that clinicians ought to be aware of their clients' religious perspectives. This is due to the fact that religion and spirituality are significant aspects of a client's life and frequently have a big impact on their physical and mental health. For many people, having a religious conviction can help to lower stress, foster pleasant emotions, provide purpose to hardships, and strengthen their sense of purpose ([Koenig, 2012](#)). Early detection and treatment of mental health disorders in religiously devout patients is crucial for clinicians because such patients often interpret illness and health based on their relationships with God and their community of faith ([Moschovis, 2005](#)). This research is further important in view of contributing to the actualization of the United Nations Sustainable Development Goal Three, which aims at promoting the good health and wellbeing of individuals across their lifespan ([United Nations General Assembly, 2015](#)). REBT can alter religious patients' unhealthy negative emotions and behaviors by transforming irrational beliefs into logical ones, invariably improving their mental health and wellbeing. The philosophical stance that REBT takes on the mental health of devoutly religious clients can be used by clinicians who value and respect their client's religious orientation to demonstrate and teach them how their unhealthy beliefs can be religiously challenged ([Ellis, 2000](#)). Most religious traditions do not practice absolutistic evaluations, making it possible to accommodate

clients' religious beliefs during REBT, according to Nielsen (2001). That is, the content of religious doctrine commonly opposes absolutistic evaluations, permitting REBT to be integrated with religious materials.

Unlike many other types of therapies, REBT does not try to explain to its patients the meaning of life; it instead aims at showing them how they can change their lives for the better by experiencing mentally healthier lives more frequently, more deeply and over a much longer period of time so that they may become spiritually transformed in the process (Robb, 2001). Thus, REBT principles can be integrated with patients' religious beliefs and faith to address mental health issues. This article is, therefore, beneficial as a guide for future treatment and counseling of religiously devout clients with mental health conditions, in that keen attention is paid to various forms of RREBT mentioned above. This is to explore whether and how they can be useful in addressing mental health issues and related outcomes in different regions of the world and across religious faiths. To the researcher's knowledge, this is the first scoping review study aiming to compare and map out evidence regarding the benefits of various forms of religious REBT on patients' mental health to guide future clinical practice with religiously devout patients.

Aims

This research aimed to identify and assess studies on the impacts of various forms of religious rational-emotive behavior therapy (RREBT) on patients' mental health. Also, a further aim of this paper is to assess the principles and features unique to each type of RREBT used for treating mental health conditions.

Hypothesis

Various forms of RREBT (e.g. IREBT, CREBT & JREBT) will significantly positively treat mental health conditions based on evidence from existing literature.

METHODS

Study Design

This study examined the impacts of RREBT on patients' mental health using a comparative, scoping literature review method. Ethics approval was excluded because this study was based on an empirical literature analysis and did not involve human or animal subjects. The researcher looked for studies that had been published particularly to discuss the impacts of various forms of RREBT on patients' mental health by conducting a review of the existing literature based on the Joanna Briggs Institute (JBI) Scoping Reviews methodology (Peters et al., 2022) and the PRISMA Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). This scoping review has been registered on the Open Science Framework Registry (<https://osf.io/4fzn6>) (Eseadi, 2023).

Eligibility Criteria (Inclusion & Exclusion Criteria)

Publications were chosen for this literature analysis based on several inclusion criteria. The eligibility of the remaining articles was determined by reading the complete texts, and the exclusionary factors were noted in line with a specified order. Any discrepancies in study selection were addressed once the researcher had assessed eligibility through discussion and consultation with a senior colleague. The first step was establishing eligibility criteria that only accept studies describing or examining how RREBT impacted patients' mental health and related outcomes. After removing duplicates, the researchers looked at the title and abstract of the original search results, and completely off-topic papers were discarded. The participants in the study must have been previously diagnosed with a mental health illness or related psychological issues, and the study ought to have contained accurate and valid data. The study

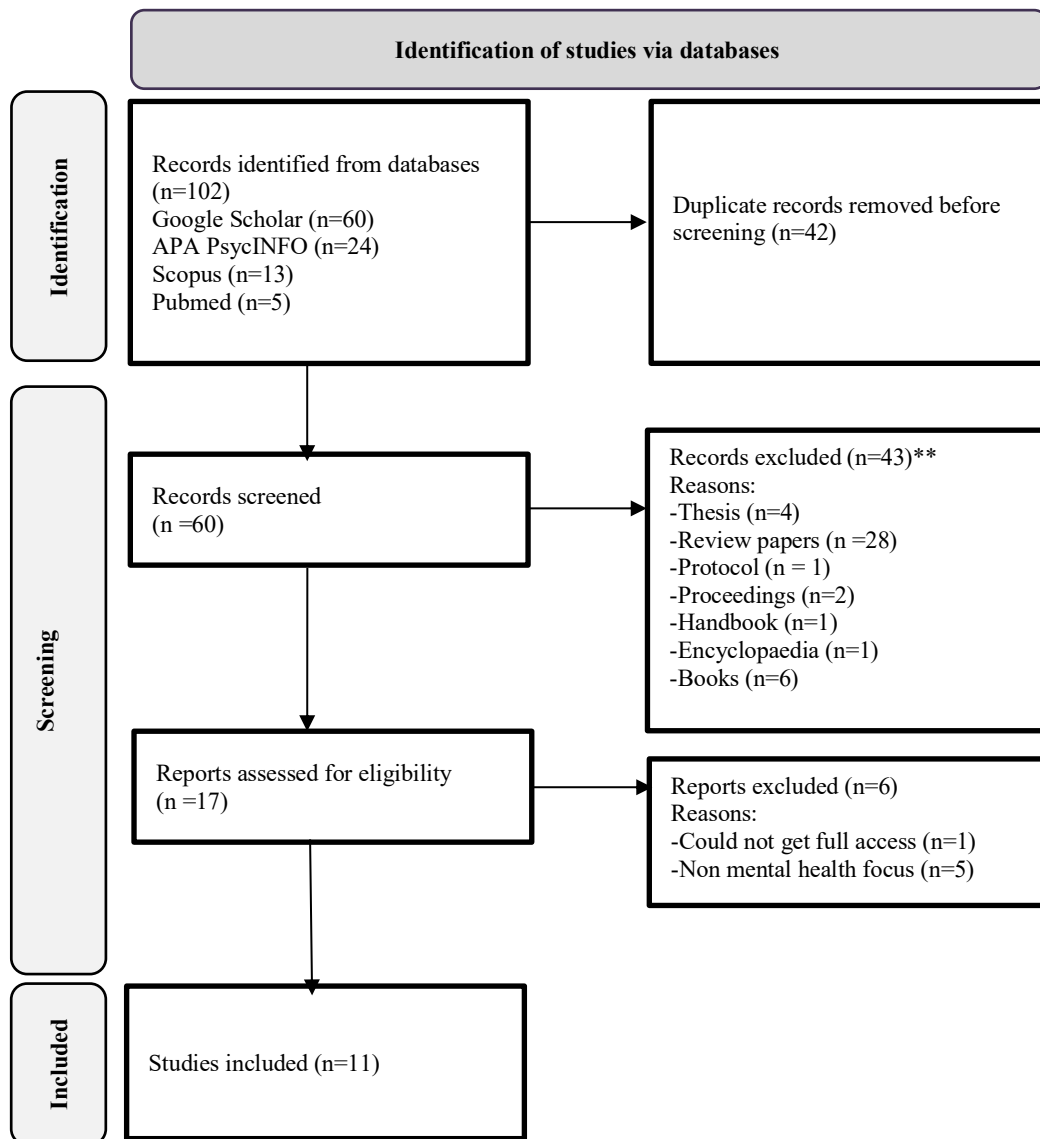


Figure 1. PRISMA Flow diagram for the Scoping Review

also had to be published in an English peer-reviewed journal or as a case report in peer reviewed books. A specific type of RREBT must have been used in the counseling process or applied to a religious group or other groups of people. An RREBT research paper was excluded if it was a study protocol, a student thesis, a conference proceeding, an encyclopedia, non-peer-reviewed material, or had no English content.

Information Sources and Database Search

The scoping literature review method allowed the researcher to characterize the selected material and explain its implications for study and practice. The following databases: Google Scholar, Scopus, PubMed, and APA PsycINFO, allowed for the compilation of a substantial amount of the research data. The researcher carefully reviewed, evaluated, picked, and summarized qualitative and quantitative papers. Based on the Boolean searching strategy (*see Spartanburg Community College, 2023*), Boolean operators were applied by the researcher to titles, abstracts, topics, and subject headings as follows: "rational emotive behavior therapy AND mental health," "religious rational emotive behavior therapy AND mental health," "rational emotive behavior therapy AND Judaism," "rational emotive behavior therapy AND Buddhism," "rational emotive behavior therapy AND Islam," "rational emotive behavior therapy AND Mormonism," "psychotherapy AND Mormon," and "Christian rational emotive

behavior therapy AND mental health". The final search query used the modifier "OR" between each key term. Other search techniques were the ascendancy strategy, in which the researcher searched through other sources cited in the included sources, and the ascendancy strategy, in which the researcher searched through the sources that cited the included sources utilizing Crossref and Cocites (*see Janssens et al., 2020; Nurse Key, 2017*). All searches and study inclusion began in March 2023 and concluded in July 2023.

Selection

In order to begin the selection process, two reviewers independently read the full-text articles along with the researcher and assessed their eligibility. After discrepancies were resolved, 11 articles met the inclusion criteria based on the stipulated eligibility criteria. Using the PRISMA flow diagram (*Page et al., 2021*), the selection procedure is further described in Figure 1.

Data Extraction Process

During the data extraction phase, the researcher compiled a table containing information from all the study papers published between January 1992 and July 2023. The researcher considered this long period of publication time due to the observed dearth of RREBT studies on patient mental health. The researcher uniformly extracted the following information across all included papers from the databases: authors, year of the study, study country, study design, population, sample size, number of treatment sessions and timeframe, outcomes assessed, mechanisms of change, type of RREBT delivered, mode of delivery, participants' characteristics (gender and age), and study conclusion (see Table 1).

RESULTS AND DISCUSSION

Results

Selection of Sources of Evidence

In the electronic search, 102 articles were identified, and 60 remained for screening after removing duplicates. Most of the titles and abstracts screened did not address the RREBT application in managing patients' mental health and related outcomes. In total, 17 articles remained after the screening. Following the assessment for study eligibility and selection phase, 11 articles were included for analysis. See Table 1 for the selected studies after screening and exclusion.

Study Characteristics

The 11 studies were published between 1992 and 2023 (see Table 1). The RREBT intervention mostly used by the reviewed studies is CREBT, followed by IREBT and JREBT. Of the 11 studies included, four were conducted in the United States, four were carried out in Nigeria, two were carried out in Romania, and one study was done in Indonesia. Study designs included four case studies, four randomized controlled trials (RCTs), and three comparative studies. Two studies (Nielsen, 2004; Opre & Macavei, 2022) only included female participants, while others included both male and female participants. Three included studies did not report clients' age. The average number of study participants was 44.64, ranging from 1 to 162, with a median score of 32 and a geometric mean of 15.60. The research participants were mostly adults and students (age range: 18.35-38.76 years), the average age for participants was 28.30 years, and the median age was 27.5 years. The treatment sessions ranged from 4 to 40; the average sessions were 15.2, with a median score of 10 and a geometric mean of 11.57. The average number of weeks for RREBT treatments was 14, with a median length of 8; the minimum number of weeks being 3, and the maximum being 40. The average time spent per

treatment session was 76.25 minutes, with a median time of 60 minutes and a geometric mean time of 71.72 minutes.

While the 11 studies analyzed in this article investigated different forms of RREBT, it should be noted that one of the studies (Johnson, 2013) used three forms of RREBT within it (IREBT, CREBT & JREBT). So, three studies investigated Islamic (IREBT), one study investigated Jewish REBT (JREBT), and nine studies investigated Christian REBT (CREBT) in this regard. In nine studies, treatments were done in groups; in two studies, treatments were administered to individual clients. Each study reported face-to-face treatment, and none reported online/internet or telephone treatments. One study did not report treatment length, while one study only reported the number of sessions.

Terms and Diagnoses Used for Mental Health Conditions

In terms of mental health conditions, depression was the most commonly used term (no. of studies = 5). One study used the term ‘emotional distress’; one used the term ‘posttraumatic stress disorder’; another used terms such as ‘panic attacks’; and ‘aggression’ to describe mental health conditions that clients suffer from (see Table 1).

Discussion

This scoping review aimed to examine and map the different impacts of the treatments with RREBT on patients’ mental health based on existing empirical studies. In addition, it examined the unique principles, techniques, and features of each type of RREBT used to treat mental illnesses. The study data supported the hypothesis that various forms of RREBT (IREBT, CREBT & JREBT, and more.) will significantly positively affect treating patients’ mental health conditions. Four of the 11 studies included were conducted in the United States, while four were done in Nigeria. Particularly in the United States, studies which used the RREBT approach, such as the CREBT, were shown to be effective in depression treatment and decrease family distress and marital conflict. In addition, IREBT was shown to help alleviate PTSD symptoms as well as family distress and marital conflict issues in the United States. In the Nigerian studies, clinicians used mainly the CREBT approach and showed it significantly improved the work-life balance, quality of family life, and depressive symptoms of patients. Unlike secular REBT clinicians, CREBT counselors offer care, counseling, or collaborate with clients in handling life’s challenges based on Biblical principles and Scriptural truths (Woldemichael et al., 2013). Through the use of the Bible and other Christian religious materials, CREBT assists clients in assessing, disputing, and resolving their issues by fostering beliefs that are based on Scriptural truths (Johnson, 1993; Johnson & Ridley, 1992; Johnson et al., 2000; Nielsen et al., 2000). With the help of religious imagery, Scriptural disputation, parable-based disputation, and Christian theology, clients can achieve psychological and emotional health goals (Warnock, 1989; Worthington & Sandage, 2001).

Some terms associated with mental health conditions across RREBT studies included depression, emotional distress, aggression, panic attacks, and posttraumatic stress disorders. Other patient outcomes reported by previous studies include negative self-esteem, poor quality of family life, poor work-life balance, family distress, marital conflict, binge eating, and poor social communication skills. RREBT treatments demonstrated some promising results, but no uniformly established RREBT treatment model exists. There are few empirical studies on how various forms of RREBT affect patients’ mental health. Additionally, the type of RREBT used in the study determined the participants. CREBT made up the majority of the available RREBT interventions (Eseadi, et al., 2022; Iremeka, et al., 2021; Johnson, 2013; Johnson & Ridley, 1992; Johnson et al., 1994, Opre & Macavei, 2022; Roman, 2011; Uzodinma et al., 2022). It can be noticed that studies that used randomized controlled designs were also those that employed CREBT. Therefore, more empirical research with a great extent of control and

participant randomization is required, especially while employing other forms of RREBT, such as IREBT and JREBT.

In terms of available evidence for various psychological issues across religions, previous research indicates that RREBT, particularly CREBT, is effective in managing work-life balance (WLB) among individuals (Iremeka et al., 2021). A significant difference was found between the WLB scores of participants in the CREBT program and those in the control group after the trial. Roman (2011) showed no difference between CREBT and standard REBT in alleviating patients' emotional distress; the irrational cognitions underpinning anxiety, depression, anger and stress symptoms were significantly altered following both programs. RREBT, especially CREBT, also has the potential to help lessen the emotional distress and depression of patients (Eseadi, et al., 2022; Johnson, 2013; Opre & Macavei, 2022; Roman, 2011). According to Opre and Macavei (2022), panic attacks are completely remitted, avoidance is reduced, depression decreases, and binge eating declines after exposure to CREBT. Also, IREBT and CREBT were found to be effective in reducing family distress and marital conflict among Muslim and Christian couples, respectively (Johnson, 2013). On the other hand, Balla (2013) showed that educational intervention using RREBT approach significantly reduced the grieving of a 10-year-old child whose maternal grandfather had passed away.

IREBT successfully enhanced patients' participation in activities that changed their beliefs and behaviors, which could improve their mental health conditions such as posttraumatic stress disorders. For instance, Nielsen (2004) used a longitudinal case study design to assess the efficacy of Islamic REBT on an individual with PTSD. The study's findings confirmed that IREBT can have an impact on people who are dealing with PTSD. Also, Kamilatussa'diah and Tamami (2022) conducted a study to improve the visually impaired people's self-esteem using Islamic REBT counseling. The study found that Islamic REBT increased the self-esteem of participants.

To help patients adjust their perspective of pain, trauma, or despair, clinicians and mental health professionals treating religious patients with mental health issues must collaborate to achieve the desired patient outcome (Nielsen, 2004; Roman, 2011). The theoretical and practical integrations of REBT with religion, as well as the empirical evidence, have largely been based on Christian and Muslim clients (see Ayob, 2013; Ellis, 2000; Johnson 2013; 2002; 2000; Johnson et al., 2000; Johnson & Ridley 1992; Kamilatussa'diah & Tamami, 2022; Nielsen 1994; Nielsen et al., 2001; Paturrochmah, 2020; Pies, 2011; Rahman, 2016; Opre & Macavei, 2022). The positive effects of CREBT on a 17-year-old male student's quest to reconcile his sexual orientation and religious beliefs regarding sexuality were demonstrated by Johnson (2004). Additionally, IREBT has been demonstrated to help students improve their self-confidence (Yuliatun, 2020), improve their discipline (Chairunnisya et al., 2022; Saputri et al., 2023), reduce procrastination (Chairunnisya et al., 2022), and reduce their delinquency (Novaili et al., 2019). Limited attention has focused on REBT and Buddhism (see Christopher 2003; Kwee & Ellis 1998; Nielsen et al. 2001), REBT and Judaism (see Johnson, 2013; Nielsen et al., 2001; Pies, 2011), among other forms of religion.

Limitations and Challenges of The Study

Since this is a scoping review, the study did not ascertain the magnitude of the effects of various forms of RREBT. Also, due to the limited empirical literature in this area, it was impossible to exclude single case studies or consider a meta-analysis of the interventions. Some available RREBT materials were published as student theses rather than peer-reviewed articles, so it was impossible to include them in the final analysis.

Table 1. Characteristics of studies on various forms of Religious REBT and their applicability to clients' problems

No	Authors	Year	Study Country	Study Design	Population	Sample size	Treatment sessions and timeframe	Outcomes Assessed	Mechanisms of Change	Type of RREBT delivered	Mode of delivery	Participant Characteristics (Gender & Age)	Conclusion
1	Roman	2011	Romania	Comparative design	High School Graduates	Total sample=52; CREBT Group=18; Standard REBT Group=19; and No-treatment Control Group=15.	3 weeks; 8 sessions; 90minutes per session; no follow-up report	Emotional distress	Irrational cognitions and automatic negative thoughts	Christian REBT	Physical meeting	Gender: male and female students; Average age: 20.63 years	Effective
2	Opre & Macavei	2022	Romania	Single case design	Female Christian (unmarried, high school graduate)	Total sample=1	40 weeks; 40 sessions; 50 minutes per session	Panic attacks, avoidance, deficient social communication skills, binge eating, aggression, and symptoms of depression	Irrational beliefs	Christian REBT	Physical meeting	Gender: female. Age: 31years	Effective
3	Iremeka et al.	2021	Nigeria	RCT	Catholic Primary School Administrative Officers	Total sample=162; CREBT Group=81; Untreated Control Group=81	8 weeks; 8 sessions; 60minutes per session; 3-months follow-up report	Poor work-life balance	Dysfunctional thinking	Christian REBT	Physical meeting	Gender: male and female. Average age for the CREBT Group: 38.76years	Effective
4	Uzodinma et al.	2022	Nigeria	RCT	Catholic Christian Parents	Total sample=88, CREBT Group=44; Waiting-list Control Group= 44	12 weeks; 12 sessions; 4-month follow-up; 60minutes per session	Poor quality of family life	Irrational thoughts and dysfunctional beliefs	Christian REBT	Physical meeting	Gender: male and female. Average age: Not Reported	Effective
5	Eseadi et al.	2022	Nigeria	RCT	Undergraduate Religious Education Program Students	Total sample=67; CREBT Group=34; Waiting-list Control Group=33	12 weeks; 12 sessions; 3-month follow-up; 120 minutes per session	Depression	Dysfunctional thinking	Christian REBT	Physical meeting	Gender: male and female. Average age for the CREBT Group: 18.35years	Effective
6	Okeke et al.	2023	Nigeria	RCT	Pre-Service Adult Education Teachers	Total sample=70; CREBT Group=35; Waiting-list Control Group=35	8weeks; 16sessions; 3-months follow-up; 120 minutes per session	Depression	Irrational beliefs	Christian REBT	Physical meeting	Gender: male and female. Age range reported: 17-24years	Effective

No	Authors	Year	Study Country	Study Design	Population	Sample size	Treatment sessions and timeframe	Outcomes Assessed	Mechanisms of Change	Type of RREBT delivered	Mode of delivery	Participant Characteristics (Gender & Age)	Conclusion
7	Johnson & Ridley	1992	United States	Comparative design	Christian Theology Graduate Students	Total sample=10; CREBT group=5, Standard REBT Group=5	6 sessions; 3 weeks; no follow-up report; 50minutes per session	Depression	Automatic negative thoughts and irrational beliefs/values	Christian REBT	Physical meeting	Gender: male and female. Average age for the CREBT Group: 32.6years	Effective
8	Johnson et al.	1994	United States	Comparative design	Seminary Graduate Students and Non-student Members of Local Churches	Total sample=32; CREBT Group=16; standard REBT Group=16.	8weeks; 8 sessions; 60minutes per session	Depression	Automatic negative thoughts and irrational thinking	Christian REBT	Physical meeting	Gender: male and female. Average age for CREBT Group: 37.12years	Effective
9	Nielsen	2004	United States	Single case design	Female Muslim (unmarried, doctoral student)	Total sample=1	38 sessions; 8months (approx. 32 weeks)	Posttraumatic stress disorder	Irrationally evaluative beliefs	Islamic REBT	Physical meeting	Gender: female. Age=24years	Effective
10	Kamilatussa'diah & Tamami	2022	Indonesia	Single case design	Blind Muslims	Total sample=2	Number of sessions was not reported	Negative self-esteem	Irrational beliefs and irrational thoughts	Islamic REBT	Physical meeting	Gender: Not Reported Age: Not Reported	Effective
11	Johnson	2013	United States	Case studies	Christian Couple, Muslim Couple, and Jewish Couple	Total sample=6 CREBT=2 (husband & wife) IREBT=2 (husband & wife) JREBT=2 (husband & wife)	CREBT: 4 sessions IREBT: number of sessions are not specified, but follow-up was mentioned JREBT: 8 sessions with follow-up	Family distress and marital conflict	Irrational thinking	Christian REBT; Islamic REBT; Jewish REBT	Physical meeting	Gender: male and female Average age: Not Reported	Effective

Implications and Suggestions for Future Research

All the studies on IREBT and JREBT intervention in treating and managing mental health patients used case study designs. This means that the efficacy of the results cannot be generalized to a wider population of Muslims and Jews. Thus, we see that although studies have shown Islamic and Jewish REBT to be efficacious in treating mental health conditions (Johnson, 2013; Kamilatussa'diah & Tamami, 2022; Nielsen, 2004), further studies need to be conducted with more appropriate controls in order to eliminate possible confounds and increase the reliability of results. In addition, this article suggests that future research should focus on manualized, randomized control trials involving two or more groups so that researchers can replicate the potential impacts of IREBT and JREBT on the treatment and management of mentally ill patients. Replicating CREBT studies with more robust study designs will also offer more insights into its clinical significance among Christian clients. In the future, it will be interesting to see how much impact the various forms of RREBT will have on clients' mental health and other outcomes when implemented virtually or using a hybrid model. RREBT clinicians employing any of these approaches in their clinical practice and research are urged to highlight the therapeutic techniques that worked for their clients, how much time it took them to achieve the desired change as well as the mechanisms of change so that future therapists can be able to adapt their procedures for their clients. Moschovis (2005) suggests that patients who believe in the sacred should be encouraged to communicate with their clinician about critical healthcare decisions and to do so in a language conducive to their faith.

CONCLUSION

Recent advancements in religion and psychotherapy may prompt psychologists and clinicians to consider incorporating and evaluating religious factors in therapy more carefully. This study has demonstrated the impacts of various forms of RREBT in treating and managing patients' mental health and related outcomes. Some patient outcomes reported include depression, posttraumatic stress disorders, panic attacks, negative self-esteem, poor quality of family life, poor work-life balance, family distress and conflict, aggression, binge eating, and poor social communication skills. Despite the fact that there has not been much research in this area, the review recognized IREBT, CREBT and JREBT as potentially effective therapies for treating mental health conditions. Overall, the available studies indicate that the beneficial effects of RREBT approaches for managing patients' mental health symptoms and related outcomes are still under-researched. Therefore, there is a crucial need for more studies on the impacts of RREBT, particularly regarding the use of Islamic REBT and Christian REBT, among other forms of RREBT, in managing and treating patients with mental health disorders. Further studies must be conducted to validate the potential impacts of different forms of RREBT in several regions, including sub-Saharan Africa, where mental health conditions are prevalent.

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AUTHOR CONTRIBUTIONS STATEMENT

CE initiated the study, conducted the literature search, analyzed and interpreted the data, and wrote the manuscript. CE has approved the submitted version.

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