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Introducing R.E.S.T. (Rational Emotive Spiritual Therapy): A 2,000 Year Old Healing Paradigm

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Introduction

The paradigm shift is on. Cartesian Dualism, the separation of mind and body, has given way to Holism. The original 17th century deal between Descartes and the church giving jurisdiction of the human body to medicine and science while keeping the soul (mind and emotions) sacred for the church is null and void. Science has proven that health of body and religion are inseparable and indivisible. Holism demands that the whole person—body, mind and soul—be treated in order to maximize healing. Such modern scientific pronouncements should be viewed as “gospel” to faith-believers who are human service providers whether they work in church or non-church institutions. However, most faith-believers who work in non-religious institutions appear reluctant to use faith or spiritual based interventions. At the same time, human service providers in faith-based institutions routinely utilize non-faith interventions instead of faith-based interventions (exceptions include the use of church doctrine and prayer in counseling). Therefore this article is primarily addressed to professional counselors who are also persons of faith regardless of where they practice. A faith-based counseling method which combines the best of non-faith-based counseling methods with scientifically supported faith interventions which fits snugly into twenty first century Holistic healing paradigms is introduced. This
brief, spiritual, psychotherapeutic process is named R.E.S.T. (Rational Emotive Spiritual Therapy).

This article is to formally introduce, support and explain the origin of R.E.S.T. counseling that the author has constructed and developed over the past 25 years of practice in counseling and therapy. R.E.S.T. has successfully been used in both religious and nonreligious counseling settings such as hospitals, drug treatment programs, both public and private schools, penal institutions, churches, and public and private residential institutions for children and youth. Currently, R.E.S.T. is being used in all Philadelphia prisons, two State of Pennsylvania Community Correction facilities, a county prison, a homeless shelter and post-release aftercare system for ex-offenders involving 93 faith institutions (churches, masjids and parishes).

**Composition of R.E.S.T. – Peripheral Aspects**

Although R.E.S.T. is eclectic, its two major components represent Cognitive therapy and Spiritual-based (Faith-based) therapy. Therefore, R.E.S.T. is brief spiritual psychotherapy. The peripheral aspects of R.E.S.T. are represented by non-spiritual, medical or cognitive therapies such as those of Doctors Aaron Beck, Albert Ellis, Maxie Maultsby (cognitive therapy); Abraham Maslow (humanistic counseling); Herbert Benson (relaxation therapy); and Milton Erickson (mind body information processing). R.E.S.T. utilizes a combination of principles and techniques borrowed from cognitive therapy and humanistic counseling propositions in conjunction with the accumulated knowledge and understandings of the intricate relationship between the mind, body and emotions (feelings, thoughts and behaviors). These non-faith therapies have been strengthened by medical/scientific mind body-based research such as that of Dr. Candice Pert and the work of modern medical spiritual practitioners such as Doctors Larry Dossey, Dale Matthews and others. However, the spiritual core (philosophy and healing techniques) of R.E.S.T. was developed through intense study of the life and work of Jesus, the First Century healer of Nazareth and founder of the Christian Religion. This core is the focus of the latter part of this article.
Research on Spiritual Interventions for Drug Abuse and ASPD

According to Dr. Benson from a lead article introducing the Mind/Body Medical Education Initiative: “violence, impulse control, substance abuse, poor academic performance, and an increased number of suicide attempts are among the many problems . . . that can be mediated by the inclusion of spirituality in therapy.” In research from the John Templeton Foundation (Matthews, Larson, Saunders, & Barry, 1993), alcohol, nicotine and drug use were reduced in nearly 100 percent of the studies where “Faith Factors” were utilized in treatment. (The John Templeton Foundation seeks to promote a deeper understanding of the influence of spirituality, beliefs and values have on human health. By promoting collaboration and clinical research into the relationship between spirituality and health and documenting the positive medical aspects of spiritual practice, the foundation hopes to contribute to the reintegration of faith into modern life.)

The Spiritual Core of R.E.S.T.

The decision to establish Jesus as the core philosopher/practitioner model of the R.E.S.T. healing process had nothing to do with religious doctrine or dogma. It was based on the effectiveness of the Jesus model and its ability to enhance other professional and medical models. We need no more than the historical record of the Talmud, Koran, Josephus and the synoptic gospel record to accept the status of Jesus as a great and successful healer. The goal was to develop a modern model comprised of the best modern psychological/medical interventions and the best spiritual interventions from antiquity. Of all religions, and of all religious leaders, none—Mohammad, Confucius, Toa, etc.—had the historical, written record of successful healing, as did Jesus.

Jesus was the world’s greatest healer—(He still holds that distinction). His existence as a great healer and exorcist has been verified by secular and sacred history. This is verified by objective, modern research into the life of Jesus by several world-renowned biblical scholars and researchers representing many points of view.
The best known of these scholarly explorations into the life and work of Jesus is a group that is called the Jesus Seminar.

With such a battery of successful healing outcomes as portrayed in the synoptic gospel record, humans tend toward disbelief when there is no plausible or rational explanation. We say to ourselves, “Wow! If this is true, it is awesome!” or we think, “This is too good to be true,” and of course everybody knows when something is too good to be true, it is usually because it is not true. Was the work of Jesus random or did it have design? Were there describable techniques and a routine methodology? If so, can those techniques and methodology be understood and replicated for more efficient healing practices today? The author believes the answer to these questions is “yes.” R.E.S.T. is designed and built around both the routine methodology and the healing techniques of Jesus as illustrated in the synoptic gospels.

Studying the life and teachings of Jesus lead this author to focus the spiritual core of R.E.S.T. therapy, on his principles, methods and techniques that were uncovered from analyzing his work. In investigating his healing work, the case method was used to analyze, compare and contrast each of his healing cases, which the author shares in the soon to be published book, “The Clinical Jesus, the Doctor Who Never Lost a Case.” Those findings are shared as a means of explaining and documenting the historical relevance of the R.E.S.T. process. The presentation of these finding is intended to reflect the author’s belief that the healing work of Jesus represented both science and religion. It is intended to also firmly establish that the basis for holistic medicine must include spiritual or faith-based therapy, if modern medical therapy is to reach the levels of healing it has the potential to reach.

Therefore, to properly present R.E.S.T., it is necessary to lay bare in writing the spiritual therapy (healing methods) of Jesus. Although he was a great healer, so much attention has been given to the other aspects of his life that his healing ministry and activities have been grossly underemphasized and underrepresented in print. Healing was the activity or ministry that he engaged in the most, and was the foundation for his reputation. Even when his healing activities
have been written about, they have been shrouded in mystery, mysticism or fantasy. Recent advances in medical science provide information that enables discussion of Jesus as a healer from a modern understanding of psychotherapy that recognizes the bio-neural happenings of healing and the inter-connectedness of mind and body in the healing process.

Consistency of Treatment Methods

Examination of 26 client cases of Jesus reveals that he consistently employed the same selected interventions or omitted the same interventions based on his diagnosis. He diagnosed clients according to what type of sickness the client was experiencing, whether the illness was psychological/emotional (three cases), physiological (fourteen cases), psychiatric (six cases) or psychosomatic (three cases). He employed faith-based questions in his assessments and therapeutic treatment interventions such as: 1) talk/dialogue, including parables, metaphors and similes; 2) questions; 3) touch therapy; 4) directives; 5) information therapy or edu-therapy; 6) medication and; 7) internal dialogue or subconscious information processing.

Medical science is assisting us to begin to understand how he accomplished some of the healing that he preformed, which turns out to be excellent sound psychotherapy. Questions of where he acquired this knowledge and these skills of healing are still mysteries of history and matters of faith. The real miracle is that he possessed such knowledge and skill centuries ahead of his time.

Major Contributions of Jesus as Healer to the 21st Century

Healing represents change from a pathological or broken state to a restored or whole state. Most forms of change are met with great opposition. Jesus represented healing, which represented change. The implications of that change were staggering. He went beyond tradition and the use of healing techniques. He plunged into the substance of a new worldview and expanded the view of disease and
illness as being tied to cultural and societal implications. Although the opposition he faced was awesome, he successfully used his healing ministry to address sick social issues, the results of a sick society. Included among these sicknesses were discrimination and prejudice against women, the sick and diseased, and persons of other nationalities. He healed publicly, without charge and without regard to sex, race or religious preference. He provided free medical service for any and all who were afflicted, an important model for the twenty-first century.

Other major contributions that the clinical Jesus offers modern therapy, including medical therapies, pertains to holistic relationships. Two such relationships are the relationships between belief and immune function, and the relationship between self-esteem and illness. His doctrine of the Fatherhood of God and the brotherhood of all humans has profound social implications in providing healing for millions of hurting persons, many of whom are fatherless, homeless, and who feel abandoned and betrayed by society. Research identifies much social pathology associated with feelings of detachment and societal alienation. These feelings, apparent in the lives of many inner city children, lead many of these children into self-medicating with drugs and antisocial behavior. This could be reversed (healed) with the application of Spiritual Healing interventions such as the belief of God as Abba, or Universal Father of all mankind. Jesus even taught his students to pray, “Our Father, who is in heaven.” The fatherhood spiritual belief has the power as a spiritual intervention to heal many hurting children who are tucked away in our society in foster care or other residential programs. Therefore in R.E.S.T. we seek the healing of anti-social or behaviorally disordered populations through means of spiritual adoption and integration into religious communities.

**R.E.S.T. Methodology–Combining of Cognitive and Spiritual Therapy**

Cognitive therapy techniques are directed at changing self-destructive behaviors by identifying and changing cognitions, beliefs
and self-destructive thoughts. In R.E.S.T. these self-destructive thoughts (SDT) are identified and replaced with spiritual-based thoughts (SBT) to achieve spiritually-based behaviors.

R.E.S.T. is therefore especially geared to free men, women and youth from the ravages of drug and alcohol addictions and/or from being controlled by negative emotions such as anger, depression, anxiety, guilt, worry, shame and perfectionism. The client’s new thoughts, feeling and behaviors have the force of spiritual morality. Deliverance from these negative behaviors (drug use and crime) is comparable to exorcism in the New Testament healing practices of Jesus, when clients were delivered from satanic possession and control of their mind body. The client’s new spiritual thoughts can be of any religion or religious belief, but they must have the force of being connected with a Spirit Being—God. Since most humans profess a belief in God it is not necessary to reconstruct the clients’ God-related beliefs, only to identify them, strengthen them with metaphors and reframe and utilize them as spiritual replacement thoughts (SRT). This intervention, which we call trace, erase and replace, empowers the client by disabling the irrational SDT which was producing his problematic behavior.

Other populations exposed to the R.E.S.T. therapeutic process with successful outcomes have been troubled and in-trouble youth, both institutionalized and non-institutionalized youth with emotional problems or with behavioral records. R.E.S.T. counseling techniques effectively address the irrational thinking that supports acts of violence (including domestic violence), gang membership, impulsive criminal activities and school problems/disruptions. In presenting an example of the goal of R.E.S.T. for antisocial populations, a useful metaphor is of religious conversion as a form of basic behavior modification, where the client’s pathological or antisocial thought “do others before they do you” is traced, erased and replaced with the spiritual thought: “do unto to others as you would have them do unto you.”
Summary

R.E.S.T., a brief cognitive-spiritual psychotherapeutic counseling method, is available for use by counseling professionals who are faith-believers whether they work in religious or secular human service institutions. R.E.S.T. is a combination of rational therapies with scientifically supported spiritual or faith-based interventions. At the core of R.E.S.T. is the philosophy and healing methods of Jesus. The methodology of R.E.S.T. involves a battery of varied techniques including metaphors, reframing, etc., in order to trace, erase and replace self-destructive thoughts which support unwanted or socially unacceptable behaviors with spiritual replacement thoughts which produce spiritually dynamic (moral/socially accepted) behaviors.

Conclusion

Because of the proliferation of antisocial behavior, drug abuse and criminal activities, the federal government believes (and has evidence) that faith-based institutions and faith volunteers could play a significant role in addressing (abating and diminishing) antisocial behaviors. Science supports the combined usage of “Prayer and Prozac” as a holistic approach to behavior modification. If the faith world is being solicited for their assistance and faith-based interventions are being validated as effective tools in mental health therapy, then it is reasonable to conclude that faith therapies such as R.E.S.T. should be officially brought to the table and tested for efficacy and effectiveness. To date, we do quantitative evaluation of R.E.S.T. completers to determine recidivism among both incarcerated and released inmates attempting to reintegrate into the community. During 2002, more than 800 inmates successfully completed a 12 to 14 week R.E.S.T. group therapy program. Initial records have identified that of the first 200 to be released into the community, 18 months later only 28 percent had recidivated. However, empirical longitudinal research is needed in order to better establish why and how R.E.S.T. faith-based counseling, employed by people of faith, works for antisocial, addicted and forensic populations.
References


