Psychotherapy & Religion: Towards a Phenomenology of Change: Part 1

Paul B. Whittemore

Abstract: Positive changes in thoughts, feelings and behaviour that take place through psychotherapy and religion are compared and analysed using primarily a phenomenological approach. Drawing on insights from William James, Edmund Husserl, and Alfred Schutz, the "unseen order" is defined in a way that reveals common processes, structures, and pre-conditions to the ways in which consciousness is modified to induce positive change. Despite differences between religion and psychotherapy, similarities exist in the structure and sequence of how conscious attention is directed and re-directed: in the preconditions for participation; in the role of indirect communication; and in the fact that both realms utilize paradigms that act like lenses, which render "the unseen order" visible and constitute a "therapeutic hermeneutic". Additionally, both psychotherapy and religion benefit in following an unseen "hierarchy of attention". By describing, comparing and contrasting these shared features, the present work aims to expand our understanding of the process of positive human change.

Key Words: attention, phenomenology, psychotherapy, religion, paradigm

"Were one asked to characterize the life of religion in the broadest and most general terms possible, one might say that it consists of the belief that there is an unseen order, and that our supreme good lies in harmoniously adjusting ourselves thereto."

William James, (1902/1958, p. 58)

With his characteristic insight and lucidity, William James offers us this remarkably accurate, generic definition of religion. Despite the absence of any reference to God, gods, spirit, soul, sacred texts, or rituals, it nonetheless encompasses the religions of Judaism, Christianity, and Islam in the West, as well as Buddhism,

Hinduism, Confucianism and Daoism in the East (Hopfe & Woodward, 2011; Noss & Grangaard, 2011; Smith, 1991). The reference to religion's "unseen order" and the importance of human alignment with it provides a rare, heuristic framework for comparing it with changes that takes place in psychotherapy. What James has said of religion may be seen as describing psychotherapy in its various forms, except the latter usually makes no claim to one's "supreme good". By replacing "supreme good" with "life improvement" we can similarly describe psychotherapy "in the broadest and most general terms possible" by saying "*that it consists of the belief that there is an unseen order, and that our ... [life improvement] ... lies in harmoniously adjusting ourselves thereto*".

This theoretical exposition attempts to show many of the common ways in which the various psychotherapies – and religions – direct and re-direct the attention of their respective leaders and participants. By analysing the structure, preconditions and constitutive elements in how attention is directed and re-directed by psychotherapy and religion, this exposition hopes to illuminate some aspects of positive human change.

We begin with a few important qualifications: first, our comparison of psychotherapy and religion in no way intends to conflate the two. Religions differ from the psychotherapies in numerous ways but most significantly in their aim to promote the individual's "supreme good," "ultimate concern," or participation in "transcendent meaning" or "the sacred" (Paloutzian & Park, 2013; Pargament *et al.*, 2013; Park, 2013; Tillich, 1957). Psychotherapies may aim to promote optimum adaptation or even "self-actualization" (Maslow, 1970/1954; Rogers, 1961) but they do not claim to induce participation in the "sacred".

Second, our use of James' generic definition of religion in no way intends to minimize im-

portant differences between religions. The very title, as well as the content of William James' classic, *The Varieties of Religious Experience*, reminds us of the reality of significant differences between the various religions and religious experiences (James, 1902/1958). Similarly, important differences exist between the various psychotherapies despite their common goal of improving the quality of life. However, because we are interested – not in the particular content of these approaches – but in their similar processes for bringing about change, we can safely bracket the differences in content and ontological presuppositions within and between the various psychotherapies and religions.

Third, the present study is limited to the common features of change shared by the psychotherapies and religions. Obviously, some human changes occur outside the domains of either psychotherapy or religion, such as those induced by stress, duress, sudden insight, etc. And, of course there are aspects of psychotherapy not shared with religion (e.g. techniques such as EMDR and "The Empty Chair"), and there are aspects of religion not shared with psychotherapy (e.g. prayer and worship). The subtitle of this work "towards a phenomenology of change" is an explicit acknowledgement of the limited scope this study.

Fourth, the present exposition in no way presumes that all psychotherapies and religions induce constructive or healthy improvements in the human condition. The current epidemic of violence, associated with militant branches of some religions, is only the most recent reminder of how quickly religion can become intolerant and rationalize the use of violence against so-called "unbelievers" or "heretics" (e.g. the 7th century spread of Islam; the Christian Crusades from 1096-1291; the Spanish Inquisition; etc.). As inhumane as this dark side of religion is, it does not, and should not obliterate recognition of the good that has been generated at times by the religions of the

world. The current exposition focuses on this latter phenomenon.

While the psychotherapies do not have as dark a history as religions, they have not always been as positive and successful as they aimed to be. Sometimes people have gotten worse as a result (Dimidjian & Hollon, 2010; Lilienfeld, 2007). On other occasions, people have not noticeably improved despite considerable time and money being spent (Krebs *et al.*, 2018). Nonetheless, as with religion, we will focus on what appears to characterize common processes of change when they do work in reducing suffering and improving well-being.

One further proviso is needed in order to proceed: the concept of an "unseen order" need not be mystical, supernatural, or limited to religion. Indeed, every scientific discipline may be viewed as constituting an "unseen order", which can only be known or "seen" with the mind's eye and then, only with the help of specific paradigms, theories and concepts that need to be learned. The Krebs cycle in physiology, ionic bonding in chemistry, and the "uncertainty principle" in quantum physics, all represent an "order" in their respective disciplines that is totally "unseen" and unknown to anyone who has not had the opportunity to learn the concepts and the evidence for them. While most sciences use the scientific method to illuminate the "unseen order" of their discipline (rendering the "order" more "seen" and understood), scientific revolutions such as those associated with Copernicus and Einstein involved a radical reconceptualization of the existing data that is seen in the mind's eye of the discoverer well before it could be confirmed empirically (Isaacson, 2007; Kuhn, 1973). And there are some disciplines, such as mathematics and logic, that develop without any empirical testing; they are proved or demonstrated rationally... through the mind's eye empowered to see them by learning the relevant theories and concepts.

Exactly what the relationship is between the "unseen order" and the rest of reality is an issue that involves ontology and the philosophy of science and goes far beyond the scope of this article. However, for our purposes, it appears that the methods for human transformation, like the methods for changing grapes into wine, and flour into bread, appear to be limited and far from arbitrary. At least to this author, the fact that some approaches work better than others in facilitating beneficial human change suggests that there is some form of connection between our knowledge of what works and the structure of reality that grounds this, even though that foundation is unknown to us in its pristine "objectivity" because of the limits of our mind (cf. James, 1890/1950, p. 301; Kant, 1787/1965).

While acknowledging our epistemic limitations, we may nonetheless proceed with a careful description *of what we do know*. Fortunately, there is an established method well suited for describing *experienced reality* without making claims about what exists beyond our experience: that method is phenomenology.

Method

Phenomenology as a method for comparing psychotherapy and religion

Before defining and describing the relevance of phenomenology, it is helpful to understand philosophical history prior to its emergence. In contrast with the British empiricists (e.g. Locke, Berkeley & Hume), who regarded all knowledge arising from experience, Kant's *Critique of Pure Reason* maintains that – while all knowledge *begins* with experience, not all knowledge *derives* from experience (Kant, 1787/1965). In what Kant himself called a "Copernican Revolution" in the theory of knowledge, he argues that, instead of reality simply impressing itself upon our mind (as the empiricists taught), the mind actively orders and

organizes all our experience as it occurs. For Kant, all minds possess innate "forms" and "categories" that structure our experience of the world, so that our sensations and perceptions make sense to us and don't occur as a "buzzing, blooming confusion" of data. While the mind structures our experiences in ways that are meaningful and intelligible, it simultaneously prevents us from seeing reality as it is "in-itself" (the latter Kant called "noumenal" reality). All we can know, he argues, is reality as perceived by the mind… which is always a synthesis of the mind and so-called "objective reality". This mixture he calls "phenomenal" reality. While we can know *that* things are apart from our experience, we can never know *what* they are because of the inescapable impact of our mind on our experience (Kant, 1787/1965). What is left is the realm of phenomena-experienced reality. Phenomenology is the study of this realm.

The *Stanford Encyclopedia of Philosophy* defines phenomenology as *"the study of structures of experience, or consciousness. Literally… the study of 'phenomena', appearance of things, or things as they appear in our experience…"* (Smith, 2013). Phenomenology's origin is usually traced to the work of Edmund Husserl in the early 20th century, who was heavily influenced by the philosopher-psychologist Franz Brentano, who offered a fundamental insight about the "intentionality" of all conscious experience (Husserl, 1900/2001; Husserl, 1913/1983; Spiegelberg, 1971). "Intentionality" refers to the fact that, whenever we are conscious, we are always conscious – of something (with the exception of some advanced forms of meditation). Husserl's work in phenomenology began by describing the structures of our conscious experience; this led, eventually, to a more sophisticated agenda which included describing the presuppositions and implications of our conscious experience, our attention and our intentionality (Husserl, 1900/2001; Husserl,

1913/1983; Kockelmans, 1967; Natanson, 1973; Zaner, 1970).

Rudolf Otto was one of the first scholars to apply this method to understanding religious experience in his classic book, *The Idea of the Holy* (1917, trans. 1923/1950). The academic mythologist, Eliade was influenced by Otto's work in his understanding of the "sacred and the profane" realms of human experience, a distinction which recurs throughout the world's religions (Eliade, 1949/1974; 1958/1972). By mid-twentieth century, the influence of phenomenology appears in the philosophical theology of Paul Tillich (1951; 1957; 1959), in the religious philosophy and hermeneutics of Paul Ricoeur (1950/1966; 1960/1967), and later, in the application of Husserl and Alfred Schutz to theology by Edward Farley (1975). The philosopher, Jean-Luc Marion, coined the term "saturated phenomenon" in his phenomenological analysis of religious experience (Marion, 1999; Masterson, 2013).

In the field of psychology, some 20th century psychologists and psychiatrists used the phenomenological method, frequently combining it with existentialism (with which it is closely related); notably May (May, 1977, 1950; May, Angel, & Ellenberger, 1958), Wheelis (1973) and Yalom (1980). In recent years, phenomenology has been used by psychologists to enrich the interviewing process and to identify common human experiences (cf. Hood, 2013, pp. 91-93; Pollio, Hensley & Thompson, 1997). Most recently, a phenomenological analysis of psychotherapy identifies "attention" as the key component in training psychotherapists and in understanding how psychotherapy works (Whittemore, 2018). The scientific usefulness and standing of this method has been enhanced recently by its integration with empirical measures of neuronal activity in the new hybrid discipline of neuro-phenomenology (Lutz & Thompson, 2003; Miskovic, Kuntzelman & Fletcher, 2015).

Noted sociologist, Robert Bellah uses phenomenology extensively in his interdisciplinary magnum opus, *Religion in Human Evolution: from the paleolithic to the axial age* (Bellah, 2011). In particular, he expounds on the phenomenology of Alfred Schutz, who describes all the various realms or "worlds" of human interest (beyond just staying alive) as the many "multiple realities" that populate and pervade human social existence (Schutz, 1945). All the sciences, arts, and humanities, all businesses and professions, and all types of specialized knowledge – be it for work or play – constitute their own "worlds". Schutz's work is also foundational to the book, *The Social Construction of Reality* (Berger & Luckmann, 1966) and to social constructionism in general. Far from being esoteric, what Schutz means by "multiple realities" are simply the various "worlds" that absorb our attention, capture our interest, and temporarily define our reality, as when we say, *"He is in his own world right now"*.

This could apply to Einstein, absorbed in his world of theoretical physics, an adolescent absorbed in a video game, or the confluence of sustained attention and engagement that Csikszentmihalyi has called "flow" (1990). This would also include all types of psychotherapy and all forms of religion; for when you are "into them", you are in that "world" or "province of meaning" (another phrase that Schutz uses to describe any one of the "multiple realities" that make up our social world; Schutz, 1945). The realities and lingo of each "province of meaning" are known to those who inhabit that specialized realm, but not to "outsiders" who have not immersed themselves into that particular "world". As we shall see below, people engaged in different paradigms, "... do *in some sense* live in different worlds" (Kuhn, 1970, p. 193, italics in original).

The reality of each realm is determined by what is being paid attention to by the participants. Phenomenology is particularly well suited to elucidate these shared features because it consists of describing the nature, preconditions and processes of our conscious attention. The main thesis of the present work is this: *throughout their teachings and practices, both psychotherapy and religion "work" by directing and re-directing the attention of their leaders to their respective "unseen order," and subsequently by directing their practitioner's attention so they may "harmoniously adjust ... [themselves] ... thereto".* Furthermore, what makes it possible for both psychotherapy and religion to attend to their "unseen order" is the respective paradigm, theories, concepts and techniques that constitute whatever specific orientation is being utilized.

Psychotherapeutic and religious paradigms as "lenses"

One cannot enter the world of astronomy without a telescope, nor the world of microbiology without a microscope. The proper lens is needed to perceive what is invisible to the naked eye. As noted earlier, the "multiple realities" ("worlds") of every human cultural endeavour (including all the sciences and humanities) can only be seen, understood and entered with the assistance of specific paradigms (i.e. theories, concepts, and practices) which have to be learned. Thomas S. Kuhn, in his highly influential book, *The Structure of Scientific Revolutions* (1970), uses of the term "paradigm" to describe the worldview and all of its traditions in which scientists do their work. Because the present exposition uses "paradigm" in a similar way, Kuhn's explanation of it is worth quoting: *"... it stands for the entire constellation of beliefs, values, techniques and so on shared by the members of a given community ... [and] ... it denotes one sort of element in that constellation... employed as models or examples ... [for solving problems] ..."* (Kuhn, 1970, p. 175). He proceeds

to note how paradigms enables one to "see" what others in that community "see;" while being invisible to those outside that of tradition (Kuhn, 1970, p. 189). Our phenomenological method will proceed with the understanding that the paradigms (i.e. theories, concepts and practices) of all psychotherapies and of all religions function like a compound lens, which makes it possible to see the "territory" of a person's life in a different way than was previously known and that potentially leads to improvement.

Results

The phenomenology of one's attention in psychotherapy and religion reveals important similarities. First, with regard to psychotherapy, each paradigm (i.e. theory, associated concepts, terms, and techniques) provides the psychotherapist with a lens that makes it possible for the therapist to "see" what has gone awry and needs attending-to for the client's improvement. The more comprehensively and thoroughly the paradigm and its applications are learned, the clearer it becomes as a lens through which the therapist can see and attend to important aspects in the client's life and world that are unknown and initially invisible to the client. For instance, the psychodynamic paradigm include processes (e.g. psychosexual and psychosocial development) structures (e.g. the unconscious and the ego) and automatic tendencies (e.g. transference and resistance), that are initially invisible to clients, but that also have potential for helping them (Curtis & Hirsch, 2003; Douglas, 2011; Freud, 1933/1965; Jones, 1953; Kernberg, 1980; Kohut, Goldberg, & Stepansky, 1984; Wolitzky, 2003).

Similarly, the humanistic paradigm provide a lens which enable therapists to pay attention, for instance, to an invisible "real self" that is latent, not yet manifest, and emerges optimally with the proper therapeutic climate, such as empathy, unconditional positive regard, or focusing attention on body awareness (Perls, 1969; Raskin, Rogers & Witty, 2008; Rogers, 1961; Yontef & Jacobs, 2008). Behavioural paradigms provide the therapist with the lens by which they may recognize, for example, the unseen realities of conditioned stimuli, unintended reinforcement, and desensitization, all of which are initially unseen by clients (Wahler, 1980; Wilson, 2008; Wolpe, 1990). Cognitive paradigms provide a lens to see "the unseen order" of maladaptive assumptions and ways to correct them (Beck *et al.*, 1979; Beck & Weishaar, 2005).

Narrative paradigms provide a lens for seeing, for instance, limiting life scripts along with numerous remedies that empower clients (White, 2007). No matter what the specific paradigm is, its theory and associated concepts provide a lens which guide *what the therapist pays attention-to* in order to help the client. (The grammatically incorrect usage of "attends-to" and related iterations throughout this article is intentional and done to emphasize the "directedness" of conscious attention *to* something, as Brentano originally recognized). To use William James' analogy, these theories provide the lens needed to attend to an "unseen order" which, when properly adhered to, will produce constructive change in the client.

In a similar manner, each religious world view, its related theories and teachings (such as the "yin and yang" of Daoism, "the Four Noble Truths" of Buddhism, or "the Beatitudes" of Christianity), provides their leaders and followers with a lens which renders their respective "unseen order" visible, e.g. "living in harmony with nature", "reducing suffering", "participating in the kingdom of heaven", (Smith, 1991). Children and newcomers in each religion are usually gradually immersed in that religion's paradigm through its basic teachings, concepts, etc. while – at the same

time – participating in the specific practices common to their religion, such as prayers, sacraments, chanting, singing, meditating etc. Such practices need to be recognized as part of the paradigm because they appear to facilitate participation in the "world" of each religion regardless of how little (or how much) of the traditions' theories and concepts are understood. These sorts of religious practices serve to redirect the attention of the participants from what is commonly seen and known in the everyday world about them, to the "unseen" world of their religious faith. While the theories and teachings help them to "see" what to attend to, the practices help them to "enact" what they attend-to and thereby participate-in.

It seems that for the "average believer" of any given faith, they become initiated into that tradition by gradual immersion in it, without any sudden memorable "religious experiences" (James, 1902/1958). Local religious leaders use their understanding of the conceptual "lens" of their tradition to guide what the congregants in their religious community "pay attention-to" in understanding their lives (e.g. "the providence of God" in monotheistic religions; the need for "detachment" in Buddhism; etc.). The religious practices (sacraments, prayers, etc.) are used to guide what believers *do* to embody and enact important aspects of their tradition's "unseen order" in ways that enhance their affective appreciation of, and social solidarity with that tradition. There are obvious exceptions to this gradual process of immersion, as when someone undergoes an unusual experience that suddenly redirects what is being paid attention to, as in the well-known cases of Buddha's "Enlightenment" and the "conversion" experiences of St. Paul (Acts 9: 3-22, RSV) and Augustine (Confessions, 8:12).

Just as the *"practices" in religious traditions* serve to *guide what the participants' attend-to* within their particular "unseen order", the

various *"techniques" of psychotherapy* serve to *guide what their clients attend-to* in their thoughts, feelings, behaviour and relationships. For instance, as the psychodynamic therapist interprets transference and resistance in the client, (ideally) the client begins to "see" this previously "unseen order" and, in time, the unconscious "acting out" is replaced with more conscious, reasonable and realistic behaviour. As the humanistic psychotherapist immerses the client in the therapeutic atmosphere of unconditional positive regard, empathy and congruence, (ideally) the client begins to "see" the previously "unseen order" of his or her unhealthy inauthentic behaviour and, in time, their "false self" is replaced by their "real self" and experiences a healthier, more satisfying life. As the behavioural psychotherapist teaches "assertive communication" and practices it with the client, (ideally) the client begins to "see" the previously "unseen order" of his passive over-compliance and, in time, replace it with improved interpersonal effectiveness.

In each case, the psychotherapeutic techniques aim to redirect what clients attend-to and how to behave so as to align themselves more and more to the "unseen order" of that particular "world" (e.g. psychodynamic, humanistic, behavioural, etc.). As therapy succeeds in redirecting the client's attention to their respective unseen order, and to "harmoniously adjust themselves thereto", the client feels better, functions better, or both. Just as religions believe in an "unseen order" (i.e. their theological or religious "world") and as they attempt to guide adherence thereto via their specific practices, so do the psychotherapies believe in an "unseen order" (i.e. their psychotherapeutic orientation) and thus attempt to guide adherence thereto via their particular psychotherapeutic techniques.

Across all the various psychotherapies and religions (as and when they are successful),

the participants do far more than just mimic prescribed rituals and memorize major concepts of their tradition. The "lens" provided by the tradition's paradigm (which includes its theories, teachings, and practices) endows the participants with a new identity and new ways of understanding their past, their present options, and their future possibilities. They view themselves as different than before their therapy or religious involvement had empowered them with hope for a better life, and guided by the respective principles and practices, successful participants in religion and psychotherapy actually enter into a different "world," one that is different from our shared "filmable" environment. As the participants leave the counselling room, or the sacred place of worship, they take their new "lens" with them and with practice and support, implement new thoughts, feelings and behaviours that slowly and subtly transform the pathways of their lives and the quality of their relationships.

The "lens" as a "therapeutic hermeneutic"

We have seen how the respective paradigms of the various psychotherapies and religions can be likened to "lenses" that enable participants to see previously unseen territory in their life, including superior options for improved coping and problem solving. The *paradigmatic lens* does more than render visible previously unseen options: it also provides new and beneficial ways of making sense of the events of one's life that have already occurred. It *provides an interpretive grid* through which the past becomes more understandable and the future more hopeful. For instance, the psychodynamic paradigm might help a client understand some of her previous, counter-productive 'acting out' as the result of a developmental arrest and transferred emo-

tions originating from earlier relationships; the behavioural paradigm might help a client understand some of his maladaptive reactions, as the result of classical and operant conditioning and unintentional learning by observation in the family of origin. Such interpretations not only help to make sense of the past, but they also offer guidance and hope for the therapist and client in what to attend to in order to get better.

The same may be said for the beneficial effects of religious paradigms when they are effective. For instance, the Christian paradigm includes explanations of human waywardness and misery through various interpretations of "the Fall", "sin", and "evil"; it also includes teachings and practices that illumine and activate "salvation", "faith" and "grace". The Buddhist paradigm includes explanations of human suffering through various explanations of "ignorance," "delusion" and "addiction"; it also includes teachings and practices to "enlighten", to "detach from craving", and to foster "acceptance". Because the paradigms of psychotherapy and religion facilitate healing, learning and growing, the interpretative lens that they provide deserves to be regarded as *a "therapeutic hermeneutic"*.

Hermeneutics is the science of interpretation, and originally referred to methods for the proper understanding of classical texts, scriptures and other ancient literature, so their truth or meaning might be understood more completely. Since the early nineteenth century, it has emerged as a rigorous philosophical and literary discipline for understanding all forms of communication, verbal and non-verbal (cf. Ramberg & Gjesdal, 2014). Hermeneutics was born out of the recognition that one's immediate perception of meaning may be wrong, misleading, or incomplete, thus the need for assistance in understanding more fully. As noted above, each theory of psychotherapy offers its' own way of under-

standing human behaviour and thus, provides a "hermeneutic" – or method – of interpreting what has gone wrong. Each therapist attempts to explain to herself (and others) why the diagnosis (or problems) developed and she uses the essential concepts of her preferred psychotherapeutic paradigm to conceptualize why these particular clinical problems arose for this particular client at this particular time. *In addition to providing a plausible explanation, the chosen theory or theories guide what the therapist pays attention-to in formulating a remedial treatment plan which hopefully facilitates some degree of healing, learning and/or growing.* As a result, it makes sense to say that the paradigmatic lens that is used provides a "therapeutic hermeneutic".

For instance, cognitive-behaviourists use a 'learning theory' paradigm and interpret behaviour as the result of classical and operant conditioning, learning by observation, and/or by unwittingly absorbing (or adopting) maladaptive assumptions and behaviours. This "hermeneutic lens" *directs the therapist's attention* to the specific, relevant realities in the client's life that illumine what has gone awry and subsequently, what to focus on for remediation. Furthermore, the hermeneutic lens *guides the therapist in directing what the client needs to pay 'attention-to'* in order to undo and redo the needed learning. Without the hermeneutic aspect that the theory provides, neither therapist nor client would know what to pay attention-to! The hermeneutic of each theory is its interpretation of what has happened and ways to improve it. Hence, the lens of each paradigm is a "therapeutic hermeneutic". Without the remedial interpretation that the paradigms provide, it's just "one damn thing happening after another" (which is often the way that clients feel about their own life when they come to therapy).

Religions too, through their histories, narrative myths and theoretical teachings, also provide a "therapeutic hermeneutic", even if indirectly. For instance, the belief in "the Providence of God" (i.e. God as Lord of all, including history) in the Jewish, Christian, and Islamic faiths, may lead the believer who is facing a difficult and unchangeable situation to think: *"There is an important reason for this"* or *"I am supposed to be dealing with this right now".* As a result of this hermeneutic, they find themselves accepting what is going on for the purpose of searching for the best ways to handle it instead of acting on counter-productive interpretations that reinforce ignoring, blaming or complaining. Similarly, Buddhism's "Four Noble Truths" offers an interpretation of suffering, its causes, and its cures, which can endow the believer with a greater adaptive acceptance of what is happening (Smith, 1991). This acceptance imbues her with a greater readiness to consider solutions not previously sought or recognized.

There is true potency here; they do far more than merely re-frame situations – *they make it possible to see and to find solutions that otherwise would have been missed* with other interpretations such as: "I'm screwed," or "Why does bad luck always happen to me," etc. This illuminating and empowering capacity of interpretations which are embedded in the world's religions is not always recognized, as evidenced by Marx's famous dismissal of religion as the "opium of the masses" (Marx, 1843) and Freud's portrait of religion as an "illusion" (Freud, 1927/1961). When religious interpretations are successful (e.g. facilitating forgiveness, kindling compassion, inspiring respon+sible stewardship of nature), they redirect behaviour and transform the interpersonal landscape in positive ways unmatched by opiates and illusions.

End of Part One; To Be Continued in Part Two

Author

PAUL B. WHITTEMORE, Ph.D., is a board-certified (ABPP) Clinical Psychologist in Newport Beach, California. He also teaches "Theories of Counseling and Psychotherapy" in Pepperdine University's Graduate School of Psychology. Prior to obtaining a Ph.D. in Clinical Psychology from the University of Tennessee, Knoxville, the author earned a B.A. in Religion at Eastern Nazarene College, an M.Div. from Nazarene Theological Seminary, and an M.A. and Ph.D. in Philosophical Theology from Vanderbilt University. Before becoming a Psychologist, he taught undergraduate and graduate philosophy and religious studies for 12 years. His publications include work on personality changes, the genetics of depression, interdisciplinary work on Kant and psychotherapy, and a recent analysis of "attention" in psychotherapy.

E-mail: paulwhittemore@earthlink.net

References

AUGUSTINE (1976). *Confessions* (R. S. Pine-Coffin, Trans.). Baltimore: Penguin Books. (Original translation published 1961).

BECK, A. T., RUSH, A. J., SHAW, B. F. & EMERY, G. (1979). *Cognitive Therapy of Depression.* New York: Guilford Press.

BECK, A. T. & WEISHAAR, M. E. (2005). Cognitive Therapy. In: R.J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (7th ed.), (pp. 238-268). Belmont, CA: Thomson.

BELLAH, R. N. (2011). *Religion in human evolution: From the paleolithic to the axial age.* Cambridge, MA: Belknap Press of Harvard University Press.

BERGER, P. L. & LUCKMANN, T. (1966). *The social construction of reality: a treatise in the sociology of knowledge.* New York: Penguin Books.

CSIKSZENTMIHALYI, M. (1990). *Flow: the psychology of optimal experience.* New York: Harper & Row.

CURTIS, R.C. & HIRSCH, I. (2003). Relational approaches to psychoanalytic psychotherapy. In: A. S. Gurman & S. B. Messer (Eds.), *Essential Psychotherapies: Theory and practice* (2nd ed.), (pp. 69-106). New York: Guilford Press.

DIMIDJIAN, S. & HOLLON, S.D. (2010). How would we know if psychotherapy were harmful? *American Psychologist*, 65 (1), pp. 21-33.

DOUGLAS, C. (2011). Analytical Psychotherapy. In: R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (9th ed.), (pp. 113-147). Belmont, CA: Thomson Brooks/Cole.

ELIADE, M. (1972). *Patterns in Comparative Religion* (R. Sheed, Trans.). New York: World Publishing Co. (Original work published 1958).

ELIADE, M. (1974). *The Myth of the Eternal Return: or Cosmos and History* (W. R. Trask, Trans.). Princeton, NJ: Princeton University Press. (Original work published 1949).

FARLEY, E. (1975). *Ecclesial Man: A social phenomenology of faith and reality.* Philadelphia: Fortress Press.

FREUD, A. (1966). *The Ego and the Mechanisms of Defense.* (Rev. ed.). New York: International Universities Press. (Original work published 1933, revised 1936).

FREUD, S. (1961). *The Future of an Illusion* (J. Strachey, Trans.). Garden City, NY: Anchor Books. (Original work published 1927).

HOOD, R.W. Jr. (2013). Methodological Diversity in the Psychology of Religion and Spirituality. In: K. I. Pargament, J. J. Exline & J. W. Jones (Eds.), *APA Handbook of Psychology, Religion, and Spirituality (Vol. 1): Context, theory and research*, (pp. 79-102). Washington, DC: American Psychological Association.

HOPFE, L. M. & WOODWARD, M. R. (2011). *Religions of the World (12th ed.).* Upper Saddle River, N. J.: Pearson.

HUSSERL, E. (1983). *Ideas I: Ideas pertaining to a Pure Phenomenology and to Phenomenological Philosophy,* (F. Kersten, Trans.) Dordrecht & Boston: Kluwer Academic Publishers. (First published in German, 1913).

HUSSERL, E. (2001). *Logical Investigations. (Vols. 1 & 2)*, (J.N. Findlay, Trans. & Ed.) New York: Routledge. (First published in German: First edition, 1900-01; 2nd ed., 1913. First published in English 1970).

ISAACSON, W. (2007). *Einstein: His life and universe.* New York: Simon & Schuster.

JAMES, W. (1950). *The Principles of Psychology (Vol. 2).* New York: Dover Publications. (Original work published 1890).

JAMES, W. (1958). *The Varieties of Religious Experience: A study in human nature.* New York: New American Library. (Original work published 1902).

JONES, E. (1953). *The life and work of Sigmund Freud.* New York: Basic Books.

KANT, I. (1965). *The Critique of Pure Reason* (N. K. Smith, Trans.). New York: St. Martin's Press (Original work published 1781; revised, 1787).

KERNBERG, O. F. (1980). *Internal World and External Reality: Object relations theory applied.* New York: J. Aronson.

KOCKELMANS, J. J. (Ed.). (1967). *Phenomenology: The philosophy of Edmund Husserl and its interpretation.* Garden City, N. J.: Doubleday & Co.

KOHUT, H., GOLDBERG, A. & STEPANSKY, P. E. (1984). *How Does Analysis Cure?* Chicago: University of Chicago Press.

KREBS, P., NORCROSS, J. C., NICHOLSON, J. M. & PROCHASKA, J. O. (2018). Stages of change and psychotherapy outcomes: A review and meta-analysis. *Journal of Clinical Psychology*, 74 (11), pp. 1964-1979.

KUHN, T. S. (1970). *The Structure of Scientific Revolutions (2nd Ed).* Chicago: University of Chicago Press.

LILIENFELD, S. O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science, 2 (1), 53-70.*

LUTZ, A. & THOMPSON, E. (2003). Neuro-phenomenology: Integrating subjective experience and brain dynamics in the neuroscience of consciousness. *Journal of Consciousness Studies*, 10, pp. 31-52.

MARION, J.-L. (1999). 'In the Name.' In: J. Caputo & M. Scanlan (Eds.), *God, the Gift and Postmodernism.* Bloomington, IN: Indiana University Press.

MARX, K. (1843). https://www.1843magazine.com/intelligence

MASLOW, A. H. (1970/1954). *Motivation and Personality (2nd Ed.).* New York: Harper & Row.

MASTERSON, P. (2013). *Approaching God: Between phenomenology and theology.* New York: Bloomsbury .

MAY, R. (1977/1950). *The Meaning of Anxiety (Rev. ed.).* New York: Norton.

MAY, R., ANGEL, E. & ELLENBERGER, H. F. (1958). *Existence: A new dimension in psychiatry and psychology (1st Softcover ed.).* New York: Simon & Schuster.

MISKOVIC, V., KUNTZELMAN, K. & FLETCHER, N. (2015). Searching for affect in affective neuroscience: challenges and opportunities. *Psychology of Consciousness: Theory, Research and Practice*, 2 (1), pp. 1-18.

NATANSON, M. (1973). *Edmund Husserl: Philosopher of infinite tasks.* Evanston, Ill.: Northwestern University Press.

NOSS, D. S. & GRANGAARD, B. R. (2011). *A History of the World's Religions (13th ed.).* Upper Saddle River, N. J.: Pearson.

OTTO, R. (1950). *The Idea of the Holy: An inquiry into the non-rational factor in the idea of the divine and its relation to the rational* (J. W. Harvey, Trans.). London, England: Oxford University Press. (Original work published 1917: first English trans. published 1923).

PALOUTZIAN, R. F. & PARK, C. L. (2013). Recent Progress and Core Issues in the Science of the Psychology of Religion and Spirituality. In: R. F. Paloutzian & C. L. Park (Eds.) *Handbook of the Psychology of Religion and Spirituality (2nd ed.),* (pp. 3-22). New York: Guilford Press.

PARGAMENT, K. I., MAHONEY, A., EXLINE, J. J., JONES, J. W. & SHAFRANSKE, E. P. (2013). Envisioning an integrative paradigm for the psychology of religion and spirituality. In: K. I. Pargament, J. J. Exline & J. W. Jones (Eds.), *APA Handbook of Psychology, Religion, and Spirituality (Vol 1): Context, theory and research*, (pp. 3-19). Washington, DC, US: American Psychological Association.

PARK, C. L. (2013). Religion and Meaning. In: R.F. Paloutzian & C.L. Park (Eds.), *Handbook of the Psychology of Religion and Spirituality (2nd ed.),* (pp. 357-379). New York, N. Y.: Guilford Press.

PERLS, F. S. (1969). *Gestalt Therapy Verbatim.* Lafayette, CA: Real People Press.

POLLIO, H. R., HENSLEY, T.B. & THOMPSON, J. C. (1997). *The Phenomenology of Everyday Life.* New York: Cambridge University Press.

RAMBERG, B. & GJESDAL, K. (2014). Hermeneutics, In: E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy.* Retrieved from: http://plato.stanford.edu/archives/win2014/entries/ hermeneutics/

RASKIN, N. J., ROGERS, C. R. & WITTY, M. C. (2008). Client-centered Therapy. In: R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies (8th ed.)*, (pp. 141-186). Belmont, CA: Thomson Brooks/ Cole.

RICOEUR, P. (1966). *Freedom and Nature: The voluntary and the involuntary* (E. V. Kohak, Trans.). Evanston, Illinois: Northwestern University Press. (Original work published 1950).

RICOEUR, P. (1967). *The symbolism of evil.* (E. Buchanan, Trans.). Boston: Beacon Press. (Original work published 1960).

ROGERS, C. R. (1961). *On Becoming a Person: A therapist's view of psychotherapy.* Boston: Houghton Mifflin.

SCHUTZ, A. (1945). On multiple realities. *Philosophy and Phenomenological Research*, 5, (4), 533-576. https://www.jstor.org/stable/2102818.

SMITH, D. W. (2013). Phenomenology. In: E. N. Salta (Ed.), *The Stanford Encyclopedia of Philosophy.* Retrieved from: http://plato.stanford.edu/archives/win2013/

SMITH, H. (1991). *The World's Religions: Our Great Wisdom Traditions.* New York: Harper Collins.

SPIEGELBERG, H. (1971). *The Phenomenological Movement (2nd Ed.)* Dordrecht: Springer.

TILLICH, P. (1951). *Systematic Theology: Vol. I.* Chicago: University of Chicago Press.

TILLICH, P. (1957). *The Dynamics of Faith.* New York: Harper & Row.

TILLICH, P. (1959). *Theology of Culture.* London: Oxford University Press.

WAHLER, R. G. (1980). The Insular Mother: Her problems in parent-child treatment. *Journal of Applied Behavior Analysis,* 13 (2), pp. 207-219.

WHEELIS, A. (1973). *How People Change.* New York: Harper & Row.

WHITE, M. (2007). *Maps of Narrative Practice.* New York: W. W. Norton & Co.

WHITTEMORE, P. B. (2018). The central role of attention in psychotherapy. *International Journal of Psychotherapy*, 22 (1), pp. 26-36.

WILSON, G. T. (2008). Behavior therapy. In R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies (8th ed.),* (pp. 223-262). Belmont, CA: Thomson Brooks/Cole.

WOLITZKY, D. L. (2003). The theory and practice of traditional psychoanalytic treatment. In: A. S. Gurman & S. B. Messer (Eds.), *Essential Psychotherapies: Theory and practice (2nd ed.)*, (pp. 24-68). New York: Guilford Press.

WOLPE, J. (1990). *The Practice of Behavior Therapy (4th ed.).* New York: Pergamon Press.

YALOM, I. D. (1980). *Existential Psychotherapy.* New York: Basic Books.

YONTEF, G. & JACOBS, L. (2008). Gestalt Therapy. In: R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies (8th ed.)*, (pp. 328-367). Belmont, CA: Thomson Brooks/Cole.

ZANER, R. M. (1970). *The Way of Phenomenology. New* York: Pegasus.

Psychotherapy & Religion: Towards a Phenomenology of Change: Part 2

Paul B. Whittemore

Abstract: Part One of the present work began with an insightful quote by William James who defined religion as consisting *"of the belief in an unseen order, and that our supreme good lies in harmoniously adjusting ourselves thereto"* (1958/1902). It was noted that the same thing could be said regarding the various psychotherapies except for the need to replace "supreme good" with "life improvement." Hence, psychotherapy consists of the belief in an unseen order (i.e. those revealed by each psychotherapy theory), and that our life improvement lies in harmoniously adjusting ourselves thereto (via the respective psychotherapy techniques associated with each theory).

A phenomenological method is used to describe the similar ways that the leaders' and practitioners' attention is directed by psychotherapy and religion to induce positive change. Drawing upon Thomas Kuhn's understanding of scientific paradigms, all psychotherapies and religions are characterized as involving different paradigms (theories, teachings, practices) that function like different lenses though which the leaders (i.e. psychotherapists or clerics) and practitioners (clients or believers) are enabled to attend-to their respective "unseen order" and take steps to benefit from adjusting thereto. In addition to these paradigm-lenses revealing an "unseen order", they also function as a "therapeutic hermeneutic" for both psychotherapy and religion because they provide unique ways of interpreting one's past, present and future that can heal and empower the participants compared with most people's "default" understanding.

Part Two now proceeds next, to describe the similar ways that psychotherapy and religion address the universal problems of resistance to change.

The precondition of personal readiness for change

Not all engagements with psychotherapy are focused on personal change. For instance, some clients may only be seeking support, or help in understanding someone else's behaviour. Similarly, not all engagements with religion are motivated by needing personal change, as in the case of those celebrating a religious holiday or bringing a baby for christening. But for those who turn to either psychotherapy or religion because of distress, there are shared pre-requisites for helping them change in ways that will relieve their suffering. The changes that usually take place in psychotherapy and religion first require a personal readiness for change and this entails an awareness of one's problems and one's need for help… emotionally, cognitively, behaviourally, relationally, spiritually, and any combination of these. Because the conscious awareness of such need is frequently absent in people, a phenomenological analysis of this common "blindness" may illumine contributing factors.

The first challenge to overcome is the universal fallacy of presuming that our personal assumptions about truth and reality are correct and complete as we face any difficult problem, not just psychological or spiritual ones. Instead of presuming our partial ignorance, we often act as if we are aware of all the important aspects of the problem and all the options available to us at any given time. This blindness to our actual ignorance is ubiquitous and usually not conscious. Cognitive scientist and Nobel Prize winner, Daniel Kahneman (2011) calls this the "What You See Is All There Is" mistake (abbreviated WYSIATI). He points out that this common fallacy is actually part of a double problem that besets our faulty thinking: we are – in effect – blind the larger realm of issues and options that are there, and so,

"*We are blind to our blindness*" (Kahneman, 2011). The situation can be remedied, but only if individuals recognize that their current stock of knowledge along with its' assumptions (which Kahneman calls our "System 1") is incomplete and often wrong, partly because it is based on the accretion of one's limited, personal experience. Many cognitive errors can be recognized and corrected by a different type of thinking – one that is critical and questioning, which Kahneman calls our "System 2" (Kahneman, 2011); but this requires that people first of all realize their vulnerability to error and be willing to doubt and question their assumptions.

Besides this double problem of our blindness to unseen solutions and our blindness to our blindness, there is a third obstacle to our readiness to face the "unseen order". This obstacle is the universal tendency to not see accurately and completely the problems needing attention. The psychoanalytic tradition beginning with Freud, and then elaborated by his daughter, Anna Freud (1936/1966), identifies "defence mechanisms" such as "denial", "repression", and "resistance" referring to processes that shield us from clearly seeing and fully facing our personal shortcomings. They accomplish this by automatically redirecting our attention away from conscious awareness of particular negative emotions, such as anxiety and shame. These "defences" not only contribute to individuals being not ready for change through psychotherapy or religion, but they can also derail the change process at any point along the way. Therapists of all persuasions learn to be vigilant, continually exercising deft skill in redirecting clients' attention away from their automatic tendency to avoid issues, minimize problems, or blame others, and then to refocus on any unfinished business that remains. As any experienced therapist will attest, accomplishing this redirection of attention is not easy and requires constant

vigilance. Recent forms of therapy have been developed specifically to address this problem (Miller & Rollnick, 2013).

This makes three invisible obstacles that need overcoming to enter the worlds of psychotherapy or religion and to make progress therein: **1)** the initial blindness to the fact that there are other "worlds" (including solutions) besides our current stock of knowledge in our current "world"; **2)** the blindness to this blindness; and **3)** denial and/or resistance to recognizing our blindness, even when it is pointed out. The net result is that most of us, most of the time, do not see the full extent of our own limitations – they are invisible to us.

Since recognizing one's limitations and need for help is not commonplace, and yet is a pre-requisite for the change process in psychotherapy and religion, both of these domains have needed to find effective ways to deal with this deficiency. How do they elicit personal awareness of the invisible problems and unseen solutions relevant to each person? One of the most effective ways they have done this is... indirectly.

The "Unseen Order" and the "Indirect Method"

We live amidst many different phenomenological (i.e. experiential) worlds: our "everyday reality" that is shared by all who live in our immediate physical and cultural environment, and all the other "worlds" that mean something to us such as our profession, our nuclear family dynamics, our hobbies and games, and all the other realms of meaning that absorb our attention from time to time (Schutz, 1945; Bellah, 2011). The language that we use in each of our "worlds", is usually understood by others in the same "world" but may not be understood by those outside that particular world (e.g. "This wine is dry"). Language used and understood within any particular

"world" is sometimes designated as "direct" communication in contrast with "indirect" communication (Schutz, 1945). Direct communication includes all the written, verbal and non-verbal forms of communication that are commonly used, and whose meanings is more or less understood by those sharing the same phenomenological "world". The more "into" any particular world the participants are, the better they understand each other, and the less explaining that they need to do with one another when using the "lingo" of their realm. For those outside that world, 'translation' is often needed using terms from "worlds" with which the recipient is familiar; frequently it is the common, everyday language of one's culture.

Direct communication rarely facilitates an *entrance* into an alternate world because that world involves a different paradigm and language that is not part of the common parlance from one's everyday world. The worlds and the unseen realities of psychotherapy and religion appear best introduced indirectly, and this is accomplished by redirecting the subject's attention through *using the known to approach the unknown*. Examples of this abound in history, literature, religion and psychotherapy.

It is noteworthy that Socrates did not use direct communication, either to instruct or to "wake people up" to their own ignorance. Instead, he used the indirect method of questioning, both to teach (see Plato's *Meno*) and to expose unrealized ignorance (see Plato's *Euthyphro*). Kierkegaard was deeply impressed by this approach and made it the subject of his dissertation, *"On the Concept of Irony – with constant reference to Socrates"* (Thompson, 1972). All of Kierkegaard's subsequent writings – literary, philosophical and religious – draw extensively on indirect literary techniques due to his belief that only "indirect" communication can give birth to "authentic subjectivity" (i.e. entry into the "true world" of Christianity), which he re-

garded as the highest form of consciousness (cf. Bretall, 1946; Lockhart, 2011; Thompson, 1972).

The world of literature abounds with similar indirect techniques in its' poetry, narratives and drama. The listeners' or readers' attention is repeatedly directed and then re-directed though devices such as metaphors, similes, analogies, allegories, allusions, irony, symbolism, etc. Tennessee Williams cleverly reminds us of the special capabilities of the indirect method in the opening lines of *"The Glass Menagerie"* where the narrator, Tom, says: *"Yes, I have tricks in my pocket, I have things up my sleeve. But I am the opposite of a stage magician. He gives you illusion that has the appearance of truth. I give you truth in the pleasant disguise of illusion"* (Williams, 1945/1987).

Religions have universally relied on indirect methods to communicate on three different levels. The first level refers to attempts to convey what is deemed as the "ultimate", or the supremely sacred reality, such as the Dao, Brahma, or God (Armstrong, 2009). Such realities would defy simple, literal description because they would, necessarily, fall short as inadequate. After all, if one is trying to talk about the 'Ultimate Source' or the 'Definer of All Things', one could not use the already defined to define the Definer.

The second level for using indirect communication has been to help "wake people up" to their folly, evil, or regression from previous revelations: examples of this include, stories and prophesies of "divine judgement", found not only in the Old and New Testaments of the Bible, but also in other non-biblical religions as well, such as the cataclysmic flood stories in the *"Epic of Gilgamesh"* from Mesopotamia and the *"Festival of Drunkenness"* in Ancient Egypt.

The third level for using indirect communication in religion has been to guide the participants to new, different, or deeper levels of understanding and experience (TeSelle,

1975). Examples of this type include: the personification of wisdom prevalent in the Jewish 'wisdom' literature, and the use of parables and metaphors in the New Testament (e.g. *"the kingdom of heaven is like…"* and *"you are the salt of the earth…"*). The "Eightfold Path" in Buddhism (which are indirect methods for detaching from the cravings that cause suffering); the "koans" (mental puzzles) of Zen Buddhism, used to stimulate higher awareness indirectly; and the narrative epics in Hinduism such as: the "Bhagavad-Gita"; the use of nature in Daoism's portraits of "the Way", as an indirect reference to ultimate reality; the use of anecdotes about exemplary individuals in order to characterize excellence and virtue in Confucianism (Smith, 1991; Noss & Grangaard, 2011). Common to all these indirect methods is the use of the familiar, "the seen", in order to introduce the unfamiliar, "the unseen."

Because religions frequently use indirect communication in the form of various literary devices, they are often misunderstood. When the words used "inside" a religious tradition are presumed to have exactly the same meaning that they have "outside" the religion, a misinterpretation results. For instance, early non-Christian Romans heard of the Christian sacrament of Communion that involved "the body and blood of Christ" and this was misunderstood as some form of perverse cannibalism and drinking of human blood (Latourette, 1953, p. 82). Similarly, many religious stories and myths (e.g. the stories of creation and the exodus) intended inside their respective "world" not to provide a pre-scientific explanation or "objective history", but rather to elicit adaptive emotions and inspire corrective behaviours, such as awe, humility, gratitude, and courage to replace arrogance, whining and despair (Bellah, 2011; Bright, 2000; Eliade, 1958/1972, 1949/1974; Geertz, 1973).

Indirect methods also permeate the history of psychotherapy. Freud used several indirect

methods to uncover the unconscious: hypnosis, dream analysis, free association (Freud, 1900/1965; Jones, 1953). Carl Jung used the "Word Association Test" to demonstrate, indirectly, the reality of "the unconscious" and to provide clues to unresolved "complexes" (Cloninger, 2013; Douglas, 2011). Carl Rogers discovered that he could best facilitate his clients' actualization process indirectly, by providing them with an atmosphere of empathy, unconditional positive regard and congruence (Rogers, 1961). Even therapies that utilize direct teaching methods, such as cognitive and behavioural therapies, are often most effective when they guide clients indirectly to evaluate their interpretations and behaviours. For instance, Beck's technique typically challenges the client with: *"Let's see if there is evidence supporting your assumption"*; and McCullough teaches therapists to pointedly ask the client, *"Why didn't you get what you wanted in that situation?"* (Beck & Weishaar, 2005; McCullough, 2000).

Wahler, a behaviourist, recognized how often parents unwittingly reinforce a child's unwanted behaviour by their negative attention, i.e. yelling and other forms of punishment. He guided parents to recognize and apply positive attention to children so they wouldn't need to act out for attention, thereby solving the problematic behaviour indirectly (Wahler, 1980). EMDR (Eye Movement Desensitization and Reprocessing) can reduce PTSD symptoms rapidly by having patients picture a traumatic memory in their mind and then follow a trained therapist's hand movements with their eyes (or other forms of bi-lateral stimulation) (Shapiro, 2018). Narrative therapies don't tell clients how to re-construe their lives, but guide them indirectly towards re-writing their own life story (White, 2007). Other well-known indirect methods used in psychotherapy include humour and paradoxical techniques.

Having shown how prevalent the "indirect method" is, for both religion and psychotherapy, we may now describe how one's attention is directed and then re-directed by that method into new "worlds". By using language that is familiar in one's current world, but *by using it in a different way*, (as with analogy, metaphor, parable, humour and other associative ways), one's attention is at first directed by the familiar, then toward the unfamiliar. This re-direction of attention begins with the familiar and known; and then, attention is directed to the fact that the familiar is being used in an unfamiliar way pointing to a new and different "world" (meaning) that appears adjacent to the world that one currently occupies (Wheelwright, 1962). Like a window linking two different "worlds", the indirect communication allows the inhabitants of one world to see that there is another world (i.e. the "world" of whatever psychotherapy or religion present) that seems better than the one currently "occupied". This adjacent world has the capacity to beckon an entrance into that world because, as noted earlier, its' full meaning cannot be grasped from the "outside"; it can only be known by voluntary participation with those "inside". While it can beckon, it does not and cannot impose the new realm. As if respectful of the person's ability to choose, these methods only invite and guide… they don't force. This has vital implications for both psychotherapy and religion. For instance, when it comes to "facing one's problem" (in either realm), if someone is in denial or minimizing, you can't make them understand their need by telling them directly to "face the problem". They either "get it", or they don't. As with a joke, if someone doesn't "get it", you can't make them "get it" by telling them to laugh. However, when one indirect method fails, other indirect methods may succeed, as shown by motivational counselling techniques, which refocus attention on various unpleasant consequences (Miller & Rollnick, 2013).

For those who are facing their need for help and turn to either psychotherapy or religion, there is another invisible ingredient in the "unseen order" that is indispensable for success. The common name for this ingredient is hope.

Hope as an unseen catalyst for change

Because of the emotional pain involved in turning within to face one's problems, the individual needs to have hope for relief and for "a better world" (however that is interpreted) to embark on the process. Not only is hope needed to begin, it is also necessary to sustain the change process long enough for recovery to emerge. Without hope, the individual is at a high risk of despair, discouragement, dropping out and, in extreme cases, suicide (Brown *et al.*, 2000; Beck *et al.*, 1979).

But what is hope? Hope is part of the "unseen order" because, while its' manifestations can be seen on someone's face, or located neuro-anatomically with an fMRI scan of the brain, these data are not the same as the phenomenon of hope as we experience it. Phenomenologically, hope is not a direct object of one's conscious attention; rather, it is the indirect or tacit awareness (cf. Polanyi, 1966, on "tacit" knowledge) of another – better – reality available to one, besides the reality one presently "occupies". If one loses awareness of positive potentials that are outside of one's painful present... hope vanishes. Furthermore, this hoped for "world" needs to be felt as "near" to one's present world or else it will seem beyond reach, too far removed to provide relief (e.g. *it isn't hopeful* to a client suffering severe depression to hear that their symptoms are likely to be less severe in six months from now, even though this is statistically correct).

How is this invisible catalyst of change elicited? As might be expected, the answer appears

to be... indirectly. As with "facing one's problem", hope is not stimulated by sheer exhortation. It emerges indirectly, if at all, as the result of realizing that one's present reality may, in fact, be a prelude to a better world, a better self, or a better future. This reframing of one's experience occurs indirectly through exposure to an "alternate world" (religious or psychotherapeutic) that one is attending to, if only as an "outsider." In psychotherapy, clients catch a glimmer of the possibility for their healing, learning, or growth through reading, hearing the testimony of others, and/or through meeting a therapist who, by their demeanour and credible treatment plan, "inspires" hope. In religion, a similar process occurs indirectly if the individual is exposed to, or raised in, an environment with a believable paradigm portending new possibilities for a better world.

The monotheistic religions have used the indirect method to inspire hope in the hopeless. In Judaism and Christianity, for instance, God is presented as the liberator, protector, healer, who "sets His people free" (e.g. Deuteronomy 5: 6; Psalm 34: 19; Psalm 51: 1-15; Isaiah 35: 4; Galatians 5: 1; Ephesians 2: 8-9). The message of divine deliverance contrasts sharply with the heavy weight of 'needing to save oneself'; the so-called "saving grace" is well-known and highly extolled in these traditions. The Christian hymn, "Amazing Grace" is a classic testimony of indirect help, which inspires hope ("... *T'was grace that taught my heart to fear, and grace my fear relieved...*") (*Praise & Worship*, n.d. 418). Not just in Christianity, but in the other two major monotheistic religions (Judaism and Islam), hope is predicated on the belief in divine grace and mercy, not on one's individual merit or effort.

It is worth noting that all the "Twelve Step" programs, patterned after Alcoholics Anonymous, utilize the indirect method for inspiring hope and kindling motivation. 'Step 2' explicitly draws attention to belief in "a Power

greater than ourselves" that can bring about change beyond what one can do alone (see also Steps 7 and 11, for further references to help from beyond oneself) (Alcoholics Anonymous, 1987).

As pointed out earlier, the paradigms of psychotherapy and religion not only change what is attended to, but they also change the interpretation of whatever occupies one's current world. When individuals are offered a new paradigm for understanding their life, they sense the possibility that a "paradigm shift" will not only alter what is attended to, but will change the meaning of what has already happened and, in so doing, provide an entrée into different "world" or "province of meaning" (Schutz, 1945).

Hope for a "better world" is always a present possibility, because we are always surrounded by numerous unexplored "worlds" that are not immediately recognized but – nonetheless – are present "around us" as it were. What activates hope is the breaking of one's fixation on what one is currently attending to and the simultaneous glimpsing of an adjacent realm that appears to offer relief. The lens of the "therapeutic hermeneutic" is what makes this glimpse and redirection possible.

The unseen "hierarchy of attention"

There appears to be, not only a common set of unseen realities in psychotherapy and religion, but also a loose form of "hierarchy" in the sequence of what is attended to by the leader and participant in order for optimal change to occur (cf. also in Whittemore, 2018). As Erikson attempted to show in his description of the "Eight Ages of Man" of psychosocial development (Erikson, 1963, pp. 247-274) and Maslow theorized in his "Hierarchy of Needs" (Maslow, 1954/1970), that which occurs (or fails to occur) at each stage impacts what oc-

curs in later stages. The epigenetic schema conceptualized by Erikson and Maslow does not produce "all or nothing" consequences but suggests cumulative benefits that may (or may not) accrue from one stage to another during the life-time (Erikson, 1963, pp. 271-274; Maslow, 1954/1970, pp. 38ff). The same qualification applies here in what is meant by the term "hierarchy".

The first stage or precondition for significant human change (when individuals in distress turn to psychotherapy or religion) is that the individual realizes that something is wrong with him or her, or with their world; if there is no recognition of this, the change process usually does not occur. Religions universally begin with the assumption that the seeker realizes his or her need for help, or needs to face that fact. The calls to repent in the monotheistic religions, and the point of many myths, stories and koans in the other religions can be viewed as methods to induce the realization of one's need to change (Smith, 1991).

Throughout the history of psychotherapy, leading theorists and therapists have noted the indispensability of facing one's need for help. Carl Jung described four stages of therapy, beginning with what he called "Confession", by which he meant expressing the distress that arose from awareness that something is wrong (Douglas, 2011). Rogers believed that all therapy (not just "client-centred") starts with the client being "vulnerable" or "anxious", resulting from an awareness that something is wrong with oneself or one's world (Rogers, 1957). When that awareness is lacking, as is often seen with sociopaths and in some clients undergoing court-ordered therapy, therapeutic changes (i.e. transitions to better "realms" of reality) don't occur until the participant faces his or her need for help.

The challenge of achieving and maintaining this precondition is not limited to those with

personality disorders, or addicts in denial. Given the pervasiveness of minimizing, blaming, self-exonerating, and general pain-avoidance common to us all, this perennial pre-requisite for positive transformation is not easily maintained by anyone. Arthur Kovacs, Ph.D., a highly experienced clinical psychologist and Founding Dean Emeritus of the California School of Professional Psychology in Los Angeles, has suggested that psychotherapists begin each therapy session asking the client: *"What do you need to do here today?"* as an indirect way of positioning clients to face their need to work on themselves (Kovacs, 1997). The author has found that particular "opener" to be clinically valuable, along with other indirect approaches such as *"What would you like from me?"* when a client seems to be stuck complaining – non-productively – about someone else.

In Alcoholics Anonymous and other Twelve-Step programs, "Step One" is a form of "facing the problem" that one's existing coping mechanisms don't work: *"We admitted we were powerless over… and that our lives had become unmanageable"* (Alcoholics Anonymous, 1987). Even though Twelve-Step programs are neither psychotherapy, nor religion, we may interpret their effectiveness (when they work) as due to the redirecting of attention in a structured way, beginning with recognizing one's need for change (Brown *et al.*, 2002; Humphreys *et al.* , 1999; Ouimette *et al.*, 1997). Brown and Miller specifically note the direct parallel of AA with the Judeo-Christian tradition, which calls for individuals to face the problem of one's own 'sin' (2005).

Once an individual recognizes his/her need for personal change, the next pre-condition for positive change to occur is a physically and psychologically "safe place", an undistracted "safe field" (a term suggested by Lynn, 2015), where our attention is released from perceived immediate everyday pressures, so that one

may focus on something else of importance necessary to induce beneficial change.

Religions have provided this with the help of dedicated sacred spaces, such as sanctuaries, synagogues and mosques, and "time-out", such as the Sabbath, designated prayer times, and spiritual retreats from every-day demands. Religions further promote a psychologically safe field by prohibiting ordinary work, or problem-solving during religious services, rituals, etc. The safe field that is needed is both "objective" – regarding environmental protection and "subjective" – regarding freedom from being pre-occupied with paying attention to something else.

Psychotherapists use similar methods to produce a 'safe field' in the physical environment, such as a private, quiet consultation room, free from distractions, lighting that is neither too bright nor too dark, and a designated time-frame dedicated to their entrance into, and confidential participation in, the therapeutic world. As with religionists, therapists also provide a psychologically 'safe field' by assurances of privacy, confidentiality and professional boundaries so as to protect the client's vulnerability. Within the different worlds of psychotherapy, a safe field is further promoted by various methods such as: reclining on the couch and free associating (in traditional psychoanalysis); the use of serene scene visualizations that alternate with exposure techniques in behaviour therapy; and the common use of non-judgmental acceptance and empathy by therapists of most persuasions. Regular checking in with the client each session (to see if they are preoccupied with anything else) also helps to maintain a safe field for ongoing work.

As this pre-condition is satisfied, the stage is set for inducing hope for a "better world". Both psychotherapy and religion succeed in introducing the new reality by redirecting atten-

tion away from *the visible*, (i.e. what is already seen and known about the pain and problems in the participants' present reality) *and toward the invisible* (i.e. what is not yet seen or recognized... the elements of the leader's paradigm). The participants begin the process of re-interpreting themselves and their life, according to the "therapeutic hermeneutic" of the paradigm; as they do this, they construe the facts of their life and their current situation in a manner that will reduce suffering, empower more adaptive behaviour and improve the quality of their life according to their values, and those embedded in the paradigm in which they have engaged.

Summary and Discussion

William James' generic definition of religion involving attention to an "unseen order" (1902/1958, p. 58) has been shown also to apply to understanding the various forms of psychotherapy. Using a predominantly phenomenological method, drawn from Edmund Husserl and Alfred Schutz, this "unseen order" is described and is shown to consist of common features, pre-requisites, and assumptions that are also "unseen", yet nonetheless real. The major points made are as follows:

1. Despite different contents, world views, goals, and practices, there are important shared realities in how psychotherapy and religion direct and redirect attention to the "unseen order" so as to bring about beneficial change.

2. The *theories and teachings* of the psychotherapies and religions are viewed as paradigms that function as "lenses" rendering the "unseen order" visible and *guide what the leaders need to attend to.*

3. The *techniques* of psychotherapy and the *practices* of religion (which are part of their respective paradigms) *guide what the par-*

ticipants need to pay attention to in order to understand and align themselves more fully with their respective "unseen order" and to benefit thereby.

4. The capacity for the paradigms of psychotherapy and religion to provide adaptive and empowering interpretations of one's life has been identified and labelled as their "therapeutic hermeneutic."

5. "The indirect method" has been identified as a common feature in the successful re-direction of attention characteristic of both psychotherapy and religion. It is shown to illumine: **a)** the transition process from the "seen" to the "unseen order"; **b)** how psychotherapy and religion facilitate personal readiness for change; **c)** how hope is evoked; and **d)** why the "inside" language of each realm is frequently misunderstood by those "outside" the paradigm.

6. The widespread problem of denial in religion and psychotherapy is described phenomenologically as involving at least three components, all of which entail the failure to recognize that what one is presently paying attention to (i.e. one's current "world") is inadequate in relation to superior alternate "worlds" that are ever present to us, albeit unseen.

7. A "hierarchy of attention" is identified that appears to characterizes an optimal sequence in what is attended to by psychotherapy and religion.

The above conceptualizations offer a fresh approach to understanding religion that is different from, yet consistent with, recent formulations by psychologists of religion (Paloutzian & Park, 2013; Pargament *et al.*, 2013; Park, 2013). The present work's contribution to psychotherapy and religion depends on the validity and utility of the above observations. Because validation in phenomenolog-

ical analyses takes the form of intersubjective verification, subsequent observations by others is needed to confirm, modify, or disconfirm the descriptions herein. Other phenomenological analyses may find different, additional, or better ways to describe the operations of attention in the change process, or challenge the similarity between the way attention is directed in religion and in psychotherapy. Some claims, such as the importance of the "indirect method", or the "hierarchy of attention", are testable by various methods including analyses of recorded psychotherapy sessions, or by comparing psychotherapy sessions that use the "indirect method" or "hierarchy" with those who do not use them, or use them far less.

Important questions remain to be answered: *"Why do some 'therapeutic hermeneutics' (i.e. lenses) 'work' for some people and not for others?"*; *"Why do some people enter and progress in the worlds of psychotherapy or religion more quickly than others?"*; *"Are there predictable ways to prevent or retard entrance into 'unseen orders' that breed violence, typical of the worlds of terrorists and racists?"* These are among the many unanswered questions that await further investigation. Hopefully, others will find these initial observations helpful and heuristic for improving our understanding and facilitation of healthy human change in whatever setting it occurs.

This two-part article suggests that both psychotherapy and religion can effect human change, partly by redirecting attention from the "seen" to the "unseen". As with quantum particles, what is real for individuals is impacted by what is attended to. Exactly how "what we attend to" is related to "what is really there" is an intriguing question, but this is beyond the scope of the present study. Yet, once again William James offers us – in his own inimitable way – another thoughtful quote suitable for our conclusion: *"Strange mutual dependence this, in which the appearance needs the reality in order to exist, but the reality needs the appearance in order to be known!"* (James, 1890/1950, p. 301).

Author

PAUL B. WHITTEMORE, Ph.D., is a board-certified (ABPP) Clinical Psychologist in Newport Beach, California. He also teaches "Theories of Counseling and Psychotherapy" in Pepperdine University's Graduate School of Psychology. Prior to obtaining a Ph.D. in Clinical Psychology from the University of Tennessee, Knoxville, the author earned a B.A. in Religion at Eastern Nazarene College, an M.Div. from Nazarene Theological Seminary, and an M.A. and Ph.D. in Philosophical Theology from Vanderbilt University. Before becoming a Psychologist, he taught undergraduate and graduate philosophy and religious studies for 12 years. His publications include work on personality changes, the genetics of depression, interdisciplinary work on Kant and psychotherapy, and a recent analysis of "attention" in psychotherapy.

E-mail: paulwhittemore@earthlink.net

References

ALCOHOLICS ANONYMOUS. (1987). *The Twelve Steps of Alcoholics Anonymous* (1st Harper/Hazelden ed.). San Francisco: Harper/Hazelden.

ARMSTRONG, K. (2009). T*he Case for God.* New York: Anchor Books.

BECK, A. T., RUSH, A. J., SHAW, B. F. & EMERY, G. (1979). *Cognitive Therapy of Depression.* New York: Guilford Press.

BECK, A. T. & WEISHAAR, M. E. (2005). Cognitive Therapy. In: R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (7th ed.), (pp. 238-268). Belmont, CA: Thomson.

BELLAH, R. N. (2011*). Religion in human evolution: From the paleolithic to the axial age.* Cambridge, MA: Belknap Press of Harvard University Press.

BRETALL, R. (Ed.). (1946). *A Kierkegaard Anthology.* New York: The Modern Library.

BRIGHT, J. (2000). *A History of Israel.* (4th ed.). Louisville, KY: Westminster John Knox Press.

BROWN, G. K., BECK, A. T., STEER, R. A. & GRISHAM, J. R. (2000). Risk factors of suicide in psychiatric outpatients: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 68 (3), pp. 371-377.

BROWN, S. & MILLER, W. R. (2005). Transformational Change. In: W. R. Miller & H. D. Delaney (Eds.), *Judeo-Christian Perspectives on Psychology,* (pp. 167-184). Washington, D. C.: American Psychological Association.

BROWN, T. G., SERAGANIAN, P., TREMBLAY, J. & ANNIS, H. (2002). Process and outcome changes with relapse prevention versus 12-step aftercare programs for substance abusers. *Addiction*, 97, pp. 677-690.

CLONINGER, S. (2013), Jung: Analytical psychology. In: *Theories of Personality* (6th ed.), (pp. 44-63). Upper Saddle River, NJ: Pearson.

DOUGLAS, C. (2011). Analytical Psychotherapy. In: R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (9th ed.), (pp. 113-147). Belmont, CA: Thomson Brooks/Cole.

ELIADE, M. (1972). *Patterns in Comparative Religion* (R. Sheed, Trans.). New York: World Publishing Co. (Original work published 1958).

ELIADE, M. (1974). *The Myth of the Eternal Return: or, Cosmos and History* (W. R. Trask, Trans.). Princeton, NJ: Princeton University Press. (Original work published 1949).

ERIKSON, E. (1963). *Eight Ages of Man in Childhood and Society* (Second Ed.), (pp. 247-274). New York: W. W. Norton & Co. (First Edition, 1950).

FREUD, A. (1966). *The Ego and the Mechanisms of Defense.* (Rev. ed.). New York: International Universities Press. (Original work published 1933, revised 1936).

FREUD, S. (1965). *The Interpretation of Dreams.* (J. Strachey, Trans.). New York: Avon Books. (Original work published 1900).

GEERTZ, C. (1973). Religion as a cultural system. In: C. Geertz (Ed.), *The Interpretation of Cultures* (pp. 87-125). New York: Basic Books.

HUMPHREYS, K., HUEBSCH, V. D., FINNEY, J. W. & MOOS, R. H. (1999). A comparative evaluation of substance abuse treatment: Substance abuse treatment can enhance the effectiveness of self-help groups. *Alcoholism: Clinical and Experimental Research*, 23, pp. 558-563.

JAMES, W. (1958). *The Varieties of Religious Experience: A study in human nature.* New York: New American Library. (Original work published 1902).

JONES, E. (1953). *The Life and Work of Sigmund Freud.* New York: Basic Books.

KAHNEMAN, D. (2011). *Thinking, fast and slow.* New York: Farrar, Straus and Giroux.

KOVACS, A. (1997). *Personal communication.*

LATOURETTE, K. (1953). *A History of Christianity.* New York: Harper & Row.

LOCKHART, J. R. (2011). *Kierkegaard: Indirect communication and ignorant.* New York: Harcourt, Brace & World.

MASLOW, A. H. (1970/1954). *Motivation and Personality* (Second Edition). New York: Harper & Row.

MCCULLOUGH, J. P. (2000). *Treatment for chronic depression: Cognitive behavioral analysis system of psychotherapy.* New York: Guilford Press.

MILLER, W. R. & ROLLNICK, S. (2013). *Motivational interviewing: helping people change* (3rd ed.). New York: Guilford Press.

NOSS, D. S. & GRANGAARD, B. R. (2011). *A History of the World's Religions* (13th ed.). Upper Saddle River, N. J.: Pearson.

OUIMETTE, P. C., FINNEY, J. W. & MOOS, R. H. (1997). Twelve step and cognitive-behavioral treatment for substance abuse: A comparison of treatment effectiveness. *Journal of Consulting and Clinical Psychology*, 65, 230-240.

PALOUTZIAN, R. F. & PARK, C. L. (2013). Recent Progress and Core Issues in the Science of the Psychology of Religion and Spirituality. In: R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the Psychology of Religion and Spirituality* (2nd ed.), (pp. 3-22). New York: Guilford Press.

PARGAMENT, K. I., MAHONEY, A., EXLINE, J. J., JONES, J. W. & SHAFRANSKE, E. P. (2013). Envisioning an integrative paradigm for the psychology of religion and spirituality. In: K. I. Pargament, J. J. Exline & J. W. Jones (Eds.), *APA Handbook of Psychology, Religion and Spirituality: Context, theory, and research. (Vol. 1)* (pp. 3-19). Washington, DC: American Psychological Association.

PARK, C. L. (2013). Religion and meaning. In: R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the Psychology of Religion and Spirituality* (2nd ed.), (pp. 357–379). New York: Guilford Press.

POLANYI, M. (1966). *The Tacit Dimension.* Garden City, NY: Doubleday & Company.

POLLIO, H. R., HENSLEY, T. B. & THOMPSON, J. C. (1997). *The Phenomenology of Everyday Life.* New York: Cambridge University Press.

PRAISE & WORSHIP (n.d.) "Amazing Grace," #418. Kansas City, Mo.: Lillenas Publishing Company.

ROGERS, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, pp. 95–103.

ROGERS, C. R. (1961). *On Becoming a Person: A therapist's view of psychotherapy.* Boston: Houghton Mifflin.

SHAPIRO, F. (2018). *Eye Movement Desensitization and Reprocessing (EMDR) Therapy, (3rd Edition): Basic Principles, Protocols, and Procedures.* (3rd ed.). New York: Guilford Press.

SCHUTZ, A. (1945). On multiple realities. *Philosophy and Phenomenological Research*, 5 (4), pp. 533–576.

SMITH, H. (1991). *The World's Religions: Our Great Wisdom Traditions.* New York: Harper Collins.

THOMPSON, J. (Ed.). (1972). *Kierkegaard.* Garden City, NY: Doubleday Anchor Press.

TESELLE, S. (1975). *Speaking in Parables.* Philadelphia: Fortress Press.

WAHLER, R. G. (1980). The Insular Mother: Her problems in parent-child treatment. *Journal of Applied Behavior Analysis*, 13 (2), pp. 207–219.

WHEELWRIGHT, P. (1962). *Metaphor and Reality.* Bloomington: Indiana University Press.

WHITE, M. (2007). *Maps of Narrative Practice.* New York; W. W. Norton & Co.

WHITTEMORE, P. B. (2018). The central role of attention in psychotherapy. *International Journal of Psychotherapy*, 22 (1), pp. 26–36.

WILLIAMS, T. (1987). *The Glass Menagerie.* New York: Dutton Signet. (Original work published 1945).