

CALLING POSSIBLE WORLDS INTO REALITY: THE SPIRITUAL ASPECTS OF PSYCHOTHERAPY¹

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Abstract: The structure and content of the concept of ‘normalcy’ in modern culture, and in the helping professions, point to an ideal. To be ‘normal’ or ‘mentally (perfectly) healthy’ is largely the same as fulfilling an ideal of perfect socialization. A perfectly ‘normal’ person would thus be a perfectly resilient, perfectly balanced, perfectly motivated, perfectly constructive, perfectly loving etc. member of society, partner, or family member. The ‘psych-professions’ see mental health in terms of the varying degrees of approximation to this ideal. However, they always overlook the spiritual precondition for any person to move towards the ideal of normalcy. While the psych-professions speak of personal change and development, they fail to understand that such change is only possible on the assumption of convictions and emotions that are fundamentally spiritual in nature. This paper discusses the struggle every person undergoes in their attempts to approach the internalized social ideal of normalcy in terms of the metaphor of the Biblical Jacob’s ladder, where the ladder leading to Heaven is infinite and Jacob cannot possibly hope to reach its end, but climbing the ladder is a spiritual task which marks all of the attributes traditionally associated with the concept of ‘normalcy’ in the helping professions.

Keywords: normalcy, self-change, socialization, therapy, dissatisfaction.

¹ This paper draws on another paper, entitled “Climbing Jacob’s Ladder: Collective Action and Humility in Philosophical Practice and Psychotherapy”, published in *Revue Romaine de Philosophie*, 68, 2: 183–194. I speak of psychotherapy here, rather than of philosophical counseling or philotherapy, because I believe that there is no sustainable difference between the two, and that any insistence on philosophy somehow representing a separate realm of counseling that deals with „values“, as opposed to psychotherapy, which, supposedly, deals with „cerebral issues“, is untenable. Neither does philosophical counseling deal only with values, nor does psychotherapy deal only with pathology or „cerebral issues“: both deal with both. It is quite a different question whether every psychotherapist is equipped, able, or willing to address all kinds of issues in therapy, such as those of psychosis. It is both a matter of knowledge, personality, sensibility, personal talent, training and taste. Some therapists do not feel qualified to deal with aggressive clients, and many avoid borderline clients, because they feel out of their depth with such interlocutors, although Borderline Personality Disorder is the most frequent of all psychiatric diagnoses today. Psychotherapists, however they call themselves, must deal both with values and with pathology. And they do so. Disciplinary cacons and professional „turfs“ do not change this fact of life: they serve little but to offer comfort to the practitioners. Our clients do not care what we call ourselves. They see us through our personalities, skills and erudition, all of which determine whether or not we are able to help them or not. In addition, I have chosen a narrative and less technical style of writing here in order to point to the tone and nature of the spiritually informed therapeutic process, which unfolds, in my practice at least, along roughly the same pace as the argument of this paper.

1. Acquiring the vantage point: Introductory remarks

The spiritual aspects of psychotherapy are too often identified, very narrowly, with a kind of relativist thinking whereby the responsibility for our actions is relegated to a God, or to some kind of universal force, whatever our religion might imply, so that our initiative and energy need not be focused on the actual subject of our concern. This, at least in the case of some religious context, including the Christian context, I believe to be a mistaken approach, and I argue so in this paper. Religion sees the human personality as the center of one's choices and the very core of the very conceptualization of mental wellness; thus, our personality, which is unique and which participates in a vertical relationship with the higher force, with God, or with the Universe, however we define it, is the seat of our emotions, our decisions, our passions, and our suffering. Contrary to what is often superficially described as "new age thinking", which is then broadened to all spiritual aspects of psychotherapy, the spirituality of therapy focuses on the drama of the personality; if anything, it intensifies that drama, rather than diluting it in any way.

Unlike what we are taught to believe to be the greatest strength of our identity, namely our supposedly resilient personality, with a plethora of yet undiscovered strengths, in the spiritual perspective the personality is subjective, unpredictable, deeply vulnerable. It is the personal relationship with God and with peers that makes our experience organic, and this relationship is "irrational" in the sense that it is controlled by an emotional exchange and transfer, by a concern which goes beyond the objective and rational parameters of a situation we find ourselves in.

The mutual directedness and resonance between individuals generate a sense of community and may lead not to an observance, but rather to a breaking of the conventional rules that are taught to govern predictable, "proper" relationships. The involvement with other people, an involvement which goes beyond what is proper and socially prescribed, is what matters in psychotherapy; thus, the spiritual aspects of psychotherapy consist in the breaking, rather than upholding, of rules and boundaries.

The psychotherapist who becomes personally involved with a person one works with will honor boundaries only insofar as they help him go deeper and achieve more with the interlocutor; if one feels that going for a walk or leaving the town with the client, or touching the client, or engaging in an emotional exchange with them, will broaden the horizon of their relationship to the level where one will be able to access previously hidden layers of the interlocutor's psyche, the spiritually oriented psychotherapist will break and violate the traditional boundaries, at the risk of appearing "unprofessional": ours is not a profession that provides a service, it is rather an activity that throws us, along with our clients, in a melting pot in which we seek both philosophical insight and spiritual satisfaction. Thus, the risk of agony, disgrace, mockery and disapproval by the "profession" comes naturally with who we are and what we consciously choose to engage in, with a view of responding to a deeper calling that drives us.

Jung wrote about this phenomenon as "Spirit of the Deep". Having described his own transformation from a man of science, devoted to psychiatry as medicine, to a seeker of truths that transcend rational grasp, Jung concludes: "The sum of life decides in laughter and in worship, not your judgment" (Jung 2009, 230).

Psychotherapists do not become spiritual in their way of approaching clients by evolving their methodology of intervention, or by developing a conscious intention to become more spiritual: they become so through personal change. Such change occurs as a part of their lives, a large part

of which is the experience of therapy, where they face the fundamental issues which govern their own personal concerns and fears: they face death, betrayal, personality disorganization, major rejection, deep and toxic depression, loss of sense of self-worth and ultimately, physical illness as a result of psychic dysfunction.

What we see in our work is what lurks for us personally in our own lives: the difference that therapy makes for us personally is simply that we see it more vividly and more concretely, just like a medical doctor sees the illnesses that are coming their own way, with age, more directly and concretely than most other people, who also know that they will eventually grow old, sick and frail. Seeing the way in which a once seemingly strong, accepted, functional personality can rapidly disintegrate in the face of loss of love and support by the community makes us accept our own vulnerability to disregard by others; it makes us understand that what keeps us upright in society and in our private lives is exactly the preparedness of those close and important to us to go beyond the conventional boundaries, to reach for us. The more individuals are willing to sacrifice the rules and their social status and recognition for us, the more of a community we have with them. The spiritual connection which arises in such relationships is what generates a community that is able to survive social decay, personal alienation and even civilizational change.

The psychotherapist inevitably feels small and powerless in responding to the call from the deep to go beyond the usual paths. As Jung wrote: “Hear my doubts, otherwise I cannot follow, since your meaning is supreme meaning, and your steps are the steps of God” (Jung 2009, 235). This sense of powerlessness connects the client and the psychotherapist: both are unable to resist the call of the deep and both are subject to the whim of destiny, however, together, tangled in an embrace of care and concern for one another, they find new meaning and new values in this tumbling and trying to navigate the “swaying bridges”, as Jung says, over which they must pass. The point is the same in Lacan, who believes that any assumption of a “master discourse” by the therapist, namely any approach based on the idea that the therapist is an “expert” who “knows” something that the client does not, and is thus able to “cure” the client, is not only doomed to failure, but outright comical (e.g. in the *17th Seminar* — Lacan 2007). This point is summarized in the position of philosophical counseling, integrated in modal psychotherapy, which seeks to establish a “hip-to-hip” position with the client, where the two jointly seek the truth and any answers, rather than a “face-to-face” position where they exchange their views and try to “critically examine” them in order to find out who is right and who is wrong, or for the therapist to critically analyze what the client thinks and feels. A face-to-face position is one of confrontation; a hip-to-hip position is one of fellowship.

This physical positioning reflects a spiritual positioning. If the therapist and the client are both fellows in a joint search for light, then that light comes from somewhere else. The therapist is not, and does not imagine to be, a “cure” for the client: in fact, many times, the therapist will see light in his own life when the client does. So often, a breakthrough in counseling for the client marks a breakthrough for the therapist for his own life issues, and only too often, the therapists refrain from acknowledging this to their clients.

Two soldiers who fight in the same trench would not keep such secrets from one another: believing that the light of salvation or redemption can only come from above, they report their wounds and their luck to one another, viewing their battle all along as one and the same. The situation is the same with the therapeutic insight or enlightenment, which can also only come from above, or from outside the therapist: it is the relationship between the client and the therapists that calls upon the spiritual, sudden spark of a redeeming idea of interpretation. The two call this modal world into

reality through the sincerity and devotion of their mutual relationship, not through a hierarchic relationship which they establish where one imagines that one can heal the other or provide them with some kind of expert knowledge which, by itself, will open a new and unknown door for the other person that will better their life. Such things simply do not happen, as none of us is in possession of such arcane and exquisite knowledge, otherwise our own lives would be so much better and fuller of meaning.

It is a part of the therapist's own quest for meaning that he is a therapist: it is seldom that someone chooses to be a therapist without a need for therapy herself, just as nobody becomes involved in matters of the soul without an aching soul of their own. Thus, the relationship that is truly healing in therapy is one of co-wanderers and co-sufferers. Only such a relationship may eventually call upon an enlightenment for one or both participants in the relationship. However, such work is neither "professional", nor does it always meet with respect, either by fellow therapists or by clients. It is the kind of work whereby the therapist deliberately diminishes himself, sees himself as a helper, as someone risking his life for that of another, not because one is particularly noble, but simply because that is the only way one can exist with the sensibility required of a therapist. The work of therapy is one where faith is required; without a belief in light from above, the therapist would indeed, as Freud put it, be pursuing one of the "impossible professions" (Freud 1964).

Two questions pose themselves here. The first one is to what extent the described kind of therapeutic relationship is like the relationship of common prayer.

The second one is whether and to what extent the therapeutic hip-to-hip relationship is a model of all intimate relationships, and whether this, perhaps, tells us something about why so many of our relationships that are modelled upon the face-to-face model fail. Are there structural reasons for the failure of our relationships that are predicated upon our very conceptualization of them?

2. The similarity of therapy to prayer

One of the principles of common prayer is that the more individuals join in prayer, the more powerful the prayer, because the people who pray thus show their unity and consensus before God. This is also a key principle of psychotherapy: once an organic community is established, it is far easier to call into actuality the modal worlds which "float about" as possibilities, and which we, for some reason, consider less "real" than the merely actual modal world (Fatic 2023).

When the modal worlds, or states of affairs, which are significantly removed from the actual state of affairs, are desired and prayed for, then the power of the prayer is considered to call for a "miracle" (Leal et al. 2002). However, therapeutic practice, just like everyday life, shows that miracles are nowhere near as rare or unlikely as one often thinks. Miracles occur regularly, they are only the most obvious when they manifest in the form of synchronicities. Our prayers are our desires, our mental projections, which, when strengthened by our union, our community, play a variety of subconscious roles which we do not fully understand rationally, but which are so empirically obvious and frequent that it is difficult to deny them, just as it is impossible to deny synchronicities, even though we can't explain them rationally; it is impossible to deny self-sacrifice and in fact any profound personal change, even if we cannot account for them fully rationally (Cambray 2009).

We call modal worlds into actuality by creating psychological conditions for such events, and if we are able to create a community around a value, a desire, or an intention, this goes a long way towards the creation of such psychological conditions. Consider the “calling into reality” of a new relationship or a new quality of life. This happens much more easily if it is pursued within a community of like-minded people who all have the same desire and who all support that desire in others. There are even rational reasons for this: the more people have the same desire and support each other in that desire, the more likely it is that they will bring into their community someone who might become a romantic or friendly partner to one of them; the more likely it is that they will influence others to start sharing their desire and join their group, the more likely it is that the group will expand, gain mental and value leverage on others, and, finally, the possibility is there that people might create romantic bonds between themselves within the like-minded group (Keany 2018).

People who share the same kind of belief, if that belief is not characterized by a master discourse, by a pathological assumption that they have control over others, that they can design a structure of influence on others, cure them or solve their problems, but rather if it is characterized by a hip-to-hip approach to problem-solving, often resolve their issues and fulfil their desires between themselves (Verhaeghe 1995).

In tightly knit church communities, people often join because they are lonely and desire a family, and, most frequently, when they manage to fulfil their desires, they do so with someone in the same church community. They call into actuality a modal world which is brought closer and more likely by the fact that they project their desire alongside many others who support that desire. Perhaps there is a quantum physics logic here which could help explain the phenomenon more rationally. I don't know enough about quantum physics to claim this, however there are widespread attempts to ground this type of social explanations on energy-based physics (Chopra 1993).

One interesting perspective on how to understand the effectiveness of prayer as communication, on an energy level, is to consider what draws us to prayer. One does not decide to pray because one has rationally chosen to do so as a practical way to achieve some results. To the contrary, we are drawn to prayer when we face the borderline experiences and moods in our lives: when rational considerations either fail, or prove to be futile and unable to address our inner emptiness, even if they are instrumentally effective; when we face brutal loss (such as the loss of loved ones, or loss of health, or imminent loss of own life or limb), when we think about the approaching death (and death, for all of us, is always approaching, in every moment of our lives, not just as an inevitable end to that life, but also as an increasingly close, emotionally charged existential prospect and the associated experience of suffering, and potential emotional loss of the world). These are situations which draw us closer into who we really are. Interestingly, these situations show just how fundamentally irrelevant our rational thought is when it comes to the issues which really matter. Almost identical circumstances draw us to psychotherapy, namely a situation described by Scot Peck as “being stuck”, or finding oneself out of one's depth in facing life's challenges. The latter is simply a more psychotherapeutically phrased formulation of the former, namely of the usual precursors to our resorting to prayer (Peck 1997).

The crucial experiential aspect in prayer is the attitude one takes: it is contrary to the attitude of “dignity” and “pride” which is usually associated with rational debate, where we fight for our opinions and views and desire to prove them correct as opposed to others'. In prayer, being “right” does not matter at all: what matters is attracting the mercy of God, namely admitting one's own faults and fallacies and showing as broad as possible an openness to God's intervention, whatever

that intervention might be, including our own death. Only such an attitude in prayer leaves the person susceptible to change sufficiently to experience a miracle.

The person who prays whilst believing in one's own righteousness will hardly reap the benefits of prayer. Such prayer is little more than a recitation. It is a waste of time. Similarly in therapy, one of the preconditions for success is that one approaches the relationship with the therapist with an awareness that the task of therapy is not to confirm that one is right or wrong, or just to help one recapture a sense of own self-worth, even empowerment (and these are often misguidedly suggested aims of therapy by the therapists themselves). The purpose of therapy is the same as the purpose of prayer: to strip oneself naked before the truth and seek self-change in the face of awareness of one's ultimate inadequacy. This inadequacy is existentially built into our very identity. We are all fundamentally inadequate. There is a humorous sketch story by one of European rock musicians, who jokingly calls himself "Rambo Amadeus", where he humorously describes the physical inadequacy of human beings comparing them to dolphins. According to Amadeus, this inadequacy can be shown in the most banal and everyday examples. A dolphin feeds by taking in 20 kilograms of bass fish in a matter of 15 minutes, says Rambo. Consider, says he, what it takes for a human to eat 20 kg of bass: not everybody has enough money to order bass, and much less can one do this every day. The dolphin eats bass every day, and after the 15 minutes of feeding the rest of the time the dolphin spends simply having fun. On the other side, the human being must work, cater for heating in winter, for cooling in the summer, arrange for innumerable logistic matters, and finally die worried about where and how one will be buried. The joking description mockingly and indirectly points to the more general, even spiritual aspects of our inadequacy. We are fundamentally inadequate because we are weak to fulfil the values which we tend to posit before ourselves as guiding lights. Thus, we often see our failures and the pain which we experience in life as the results of our misguided choices and inability to live up to our own and the expectations of others. When Emperor David weeps in his Psalms before God about his troubles and the powerful enemies he faces, he relates those to his sins and inadequacies: "There is no soundness in my flesh because of thine anger; neither is there any rest in my bones because of my sin" (Psalms 38, 3 — *The Holy Bible*, 1988). "I acknowledge my sin to you, and my iniquity have I not hid" (Psalms 38, 18 — *The Holy Bible*, 1988). "I will declare mine iniquity, I will be sorry for my sin" (Psalms 51, 3–5). "I acknowledge my transgressions, and my sin is ever before me" (Leviticus 26, 39–40 — *The Holy Bible*, 1988).

King David was the king of Israel, the most powerful person in the land. The tone of his Psalms shows anything but power: it shows the weeping and submissive mood of a weak and vulnerable human being throwing himself at God's mercy. This comes after abuses of power that David had committed. Among his other transgressions, he had orchestrated the death of his best friend, a Jewish general, whom he had sent on an impossible military mission, to a certain death, because David had been having an illicit affair with the general's wife, the beautiful Bathsheba, whom he subsequently married after the death of her husband. In psychology, this phenomenon has become officially known as "the Bathsheba syndrome" (van Ginneken 2014, 1–13). In his book Ginneken goes on to describe the pathologies of power in leaders through chapters successively entitled according to the Biblical "seven deadly sins", in the following order: lust, gluttony, greed, wrath, folly, denial, and pride.

The case of King David can be seen as a paradigmatic example of prayer, and at the same time of therapy. One faces the limits of one's decisions and pursuits in life, either through an uprising of one's enemies (as in King David's case), or through some other kind of threat or defeat (death of

a close person, illness, loss of livelihood, etc.). This brings the person to a borderline situation where one faces the ultimate realities of life, and where rational explanations are of little value. One faces one's values "head on" and submits to the higher power. Therapeutically speaking, one acknowledges one's weakness and inability, and one seeks a healing and helping community, with God, with the therapist, with other human beings, one's peers. In this process, one changes, namely one understands that the old person "must die" (a biblical phrase) for the new person to be born. This person is in fact a "Persona" according to Jung: the same inner person, the same personality, decides to develop a new public persona, to change one's ways and adopt different values, in order to survive as a person, and this means to earn a new modal world, a new actuality which can only be brought about through a miracle, namely through means which one does not understand oneself, other than that the new reality arises from prayer, from inner change, from openness to an intervention which one does not experience as one's own, because it is seen as transcending one's self-perceived capacities.

David was forgiven for his sins, and this very fact, that his enemies were defeated in unlikely circumstances and that he received favor of his people, he could only understand as God's grace: it went so far beyond what he felt he had deserved by his actions, that it could only have come from above.

It is the inadequacy of the therapist as a human being, more precisely his perception and acknowledgement of his inadequacies, combined with the inadequacy of the client, which makes for a true organic community of prayer. This is why the rules and boundaries in therapy are fluid and susceptible to change, depending on the human touch and the reception of values in a therapeutic relationship. Only with the recognition of one's inadequacy can one mend another's inadequacy, by joining side by side, and not face to face, in seeking a solution to the problem at hand, and to the broader and deeper problems both the therapist and the client face daily, a part of which is any specific issue with which the client arrives for counseling. It is this wider, comprehensive understanding of our relationship that truly heals, rather than any "expertise" or "professional intervention" that the therapist can apply on the client. In fact, in most highly successful "interventions", the very technique is merely an appearance, while the substance and the true effectivity of change arises from the deep relationship between the two and their mutual recognition of their insufficiencies (Martin-Vallas 2014). In Jungian psychoanalysis, the concept of "participation mystique" accounts for the effectiveness of the therapeutic process that is in fact opposed to the scientificity of the emphasis on a therapeutic technique: this principle has been expressed in the idea that it is the relationship that heals, not technique or specific interventions (Eigen 2014).

In a seemingly paradoxical sense, we are only enough for another when we are aware that we are in principle not enough. The sense of having resolved some of our own issues, which we often have after apparently "helping" someone else to resolve theirs, is a powerful indicator of what force is operative here. It is a force greater than the therapist, greater than the therapist's knowledge or therapeutic prowess; the same force that makes for the calling into existence, or actuality, of different modal worlds when we are able to envision them and desire them without reservation, however with the awareness that we alone, with our resources, our reasoning and our skills, cannot achieve the switching of our reality to a different modal world, in the way we desire.

Therapy is mystical in the same way and measure as prayer is, yet it is empirically so close and simple to most of those who have undergone it that it is difficult for them to even doubt that good therapy helps, just as for the faithful it is almost ludicrous to even think that good prayer has

nothing to do with the improvement in the lives of those who pray. When we undergo therapy, in a sense, we manipulate the same energy and the same unconscious realities which we work with when we pray. In fact, it is this humility in therapy, which is the same as the humility of prayer, that accompanies therapeutic success. This is the foundation of Lacan's conclusion that any "master discourse", any arrogance and belief that a therapist can actually do something of their own devices and knowledge, is doomed to failure in therapy. The perspective of humility makes prayer possible, and at the same time it opens the structural vision of how we must relate to one another to generate successful organic communities, whether they are simply two-member therapeutic relationships or more numerous family, peer or political communities that have healing powers for our psyche. This perspective is associated with a focus on the joint goal, rather than a focus on each other, of one participant on another participant's troubles or "complaints" in therapy.

To be successful, we approach our therapeutic relationship, and indeed any other successful relationship in life, in an organic way, and this means in a way which, rather than facing each other, allows us to commonly face common challenges and work together to overcome them. The structural difference here is significant. It relates the humility of prayer, the solidarity between the therapist and the client, and the awareness of our fundamental inadequacies, both to the therapeutic work and to life in general.

3. The prayer-like manner of healing relationships in general

Perhaps the main problem in intimate relationships of any kind, which leads to crises in these relationships in the modern circumstances of social life, is the same structural idea as the one in the so-called "standard" therapy: a face-to-face perspective. This is a situation where people enter a relationship of some, whether it is a romantic, friendly or some other close relationship, and assume that they now must "face" each other, find out as much as possible about each other, and try to "assess" whether this other person is appropriate for them or not. In practice, this means that we judge another person based on appearances and our perceptions of what we find out or know about them. This is a process which inevitably causes hurt and disenchantment because it is predicated upon a structure of disappointment (Lahav 2017).

In the "face-to-face" relationship, we first assume that the other person is ideal, and then we gradually "check" the boxes whereby we necessarily find that the person is far from perfect, and this leads us to a "realistic" picture, which destroys all of the magic of our first encounter. The problem with this approach is that it is not the way human relationships operate in organic communities; it is not the way we have been structured to live together. Rather, the way to prosper and to preserve the magic is to simply welcome the other person into your life without looking too closely at the details of what you thought of him or her, and what he or she really is compared to what you thought. Instead, the focus ought to be on things to be done together, on whether that person can fill the space in your life which strives to greater self-realization, to the achievement of various external goals, and whether both you and that person can grow within your relationship as persons, and not be examined as newly acquired pieces of real estate.

Perceiving a relationship as a synergy towards something that strives outside that relationship is fundamentally different from its perception as binary, relating two people to one another where they are the primary focus for each other. This is the difference between an alliance and a confrontation: however, much we might like someone, if we face them, this generates potential for confrontation, and sooner or later it leads to either an actual confrontation, or to disappointment.

However, if we join the person hip-to-hip in striving to achieve a good life, for us or for others, in whatever form we might see that good life, the chances of a break-up and of disappointment are far lower: it takes an active betrayal to break up such an alliance, rather than the mere “loss of flame” or of interest. We are designed to be life allies and our intimacy is what strengthens us in those life alliances: that is how we build good, healthy and long-lasting friendships and loving relationships. The structure of a productive therapeutic alliance reflects the structure of any sustainable loving and caring relationship.

Two people who enter an intimate relationship thus ideally take the position of common prayer: they submit themselves to something greater than themselves, and live and work together to achieve their goals. This, at the same time, allows them to retain a maximum of individual freedom as human beings, and to create maximum intimacy in the mutual recognition and furtherance of their life goals. Structurally, it is the same position as that of close friends and members of the same congregation who jointly pray for much the same things. Where they pray for different life goals, they support each other’s prayer through *communion*. The side-to-side position towards a common goal thus allows the growing together of individual freedom and exceptional intimacy, without magnifying the differences and without focusing attention on issues which might draw people apart. Soldiers in battle do not face each other and consider what they like or dislike about one another: they jointly face the enemy and rely on “the man at their side”. This is how an organic community is built, and this is at the same time how organic relationships in marriages, romantic relationships, close friendships, and groups integrated around common belief ought to be structured.

Healing relationships are characterized by a focus on the personality and not on experiences. Different persons will react in different ways to the same experiences, and one of the foundational truths in psychotherapy that is based on spiritual values is that one cannot feel adequate empathy for every person one works with. There are persons who exhibit deep personality traits which are profoundly militant, destructive, and disagreeable, to an extent where to support and empower such a person would go against the fundamental values that make human relationships bearable and kind. This is a problematic moment in psychotherapy, which must be recognized for both its virtues and its shortcomings.

One person who suffers a manic episode will be exceptionally agreeable to everyone: they will laugh, crack jokes, try to please everybody present, and show their own vulnerabilities. Another person, apparently suffering from the same “disorder”, will have to be restrained to prevent them from hurting or killing others. The deep value structure and deeper personality traits determine the exact way in which we will behave under different “disorders”, in the same manner as they direct our reactions when we face adverse life circumstances and experiences (Claridge 2009).

A healthy, constructive person will react to serious disappointments by what could be clinically described as depression; another, more aggressive and more egotistic individual may react to the same disappointments by resorting to violence or to crime, or by developing a dangerous psychopathology. Showing empathy to the former person is a healing approach; however, restraining and restructuring the other person is also a healing approach, which will require considerably less empathy and more discipline.

The way in which we approach the other person in counseling and therapy can be accurately portrayed in our physical relationships to them: with a depressed person, who has issues with self-worth, a hip-to-hip approach heals, because it allows our mutual strengths to be pooled together to

strive towards common goals, including the well-being of the person we work with. This is a relationship which resembles prayer: we seek something together, and we are aware that this “something” can only come from above, from an external source which we do not understand, and we do not even try to understand it, however we are aware of it, and we know that all good things occur when we pool our work, energy and expectations together, while remaining open to a flash of sudden resolution.

Most situations in life which bring individuals to counseling are impossible to resolve by their own devices. It is mere ideology to assume that “we are the masters of our destiny” and that we can resolve all our difficulties by “reframing” our perceptions or by changing our experience of the events. While it is true that our experiences are what counts, rather than some kind of “objective” reality, a painful and disappointing experience cannot be changed simply by thinking differently about it, and even such a change in thinking does not occur without some change in the circumstances themselves. This is the reason for such wildly different views of the effectiveness of psychotherapy by the great psychotherapists throughout the brief modern history of the discipline: while some believed in “curing” psychic disturbances by generating insights, others were convinced that psychotherapy is an impossible profession and that the aim of it is to gain knowledge of oneself, not to cure anything (Lacan, and to some extent Freud, who believed that psychotherapy is an “impossible profession” — see Verhaeghe 1995). However, undoubtedly, breakthroughs in the lives of clients do happen, and not so rarely: solutions do occur through counseling, but usually outside the “interventions”, intentions or predictions of the counselor, and most often in a way of small miracles which tend to converge around a coherent attitude by both the client and the counselor that they can only seek, and expect to be given, answers in ways which, in themselves, are essentially esoteric.

We don’t understand how we change, but we suddenly do change. This happens within therapy, but it also happens outside therapy, usually triggered by specific experiences and relationships. In therapy, we change suddenly, and this is known as “transformational moments”, which, as Yalom described them, people can recollect very vividly and can specifically pinpoint in debriefings after therapy (Yalo, 2005, 285–295).

Prayer-like therapy is consistent with the dialectic of calling content from the unconscious into the conscious, or from moving between the various modal worlds (Fatic, 2023). By immersing ourselves into a situation and expectation that some content from the unconscious will manifest in our conscious life, we acknowledge the parallel existence of several modal worlds, any of which can become actuality, almost in an instant. We also acknowledge the experiential fact that the way we think and make decisions is largely unconscious, and that we do not really know what our values are and how we will articulate them until a specific moment of transfer of our desire from the unconscious into the conscious realm. This simple fact is the explanation of many situations in everyday life when individuals act in seemingly unpredictable ways, which can cause considerable anguish to close people, if the mechanism of decision-making is seen as being subject to ordinary conscious logic.

One of the major causes of stress in interpersonal relationships is caused by sudden changes in the behavior of romantic partners. Persons who decide to establish a romantic mutual relationship engage in a process of becoming closer. This requires them to meet alone at some stage and talk about their lives, however, as is well known to most therapists, very often one of the potential partners, seemingly “out of the blue”, decides to pull back from this process suddenly, and under unconvincing excuses, sometimes at the very last moment. Apart from causing disappointment and

hurt in the other partner, typically this situation leads to attempts to “understand” the sudden change, and this causes an over-rationalized analysis of what could possibly have happened at the last moment, and what the partner who remains interested in the relationship can, or might be “expected to” do, to solve the situation. What remains obscured to the partner who is left is that the other’s decision has simply surfaced from the subconscious, usually propelled by the tension which builds as the moment of the event nears. The other person might have thought that he or she was interested in engaging in the relationship, but at the key moment, the desire from the unconscious simply sprung up into their consciousness and made it plain to the person that he did not want to be there. As our social relationships are structured upon legitimate expectations, this appears as unfair behavior, because legitimate expectations had been established for the process of mutual bonding to proceed. They agreed to go to a theatre or to have dinner, and have made respective plans, however one person suddenly “bails out”. This type of decision is epistemically significant because it reveals, on a subconscious level, what the person really feels and wants. Even if, later, the person changes his or her mind and decides to continue the process of establishing a relationship, the event of dashing out earlier should not be easily discarded: the unconscious realities shape our life, not our conscious conceptualizations.

Assuming that we draw from this ocean of the unconscious (and I use the concept “subconscious” and “unconscious” interchangeably, preferring the “sub-conscious” for individual experience and the “unconscious” for collective experience), the prayer-like therapy seeks to bring realities from this unconscious, underlying ocean into reality in a way which will benefit the client and satisfy them. There are all kinds of unconscious alternatives, or modal worlds, which could surface, depending on the circumstances of our experience and our particular sensibilities. Thus, many behavioral “schools” and coaching practices in the various areas of human inter-relationships suggest the best ways to act depending on the outcomes we desire to achieve. One of such schools in romantic relationships suggests, in the described case of sudden changes of interest by one party, never to rationalize and “try to make things right”, but rather to assume that things are right, that the decision made in the last moment is the authentic decision, and leave things be until the other person articulates their desires in their own interface between subconscious and conscious values and behavior. In other words, trying to correct or mend the unconscious through conscious constructions never works, because the two realms are not equal: the unconscious realm is so much more powerful that it overwhelms any rational considerations. An intervention from the conscious into the unconscious can even cause resentment and cloud the person’s conscious judgement of a particular relationship. We might become enemies without an obvious or consciously understandable reason.

The above perspective on decisions is reason to consider experiences with people’s decisions as true epistemic portals into their subconscious, rather than as incidents or problems with their consistency or the propriety of their behavior. We communicate through our actions, and not primarily through our language. The language, on the other hand, serves to offer clues as to our mentality and consciousness, not through the literal meanings of our pronouncements, but through the structural features of our speech, which, if interpreted correctly, offer a picture of our mental status.

4. Pathology as a “decentering” of personality

One of the central points in the Christian patristic interpretation of mental health is that a mental disorder is a sort of “decentering of personality” (Popović 1999). It is a motif that resonates

throughout the tradition of Christian counseling, and it is usually interpreted in terms of a value-orientation of the person: her preferences, her direction of her internal structure, and her ability to maintain hope. A “centered” personality, in this perspective, is one focused on the ethics and values of a Christian life, an awareness that all good things come as a matter of God’s mercy, and a striving to understand one’s experiences in this light. A decentering of the personality thus has structural features of *perversion*: rather than expecting God’s grace, the person believes in their own power to control life and events in life, bestows a responsibility on herself which she cannot carry, and, as a result, progressively stumbles into other perverse choices. In this context, perverse is anything that is contrary to a healthy structure of understanding human relationships, an aberration of the kind of interpersonal and social dynamics that normally lead to productive and satisfying outcomes. Perversion is predicated upon expectations. It starts with expectations.

The way in which we expect things to occur shapes the structure of our use of our energy, of our inner strength. This is why individuals who spend long portions of their lives worrying only about themselves develop a sense of misdirection and of having “missed out on life”. The reason is that the inner strength, the psychic energy, or libido, has been trapped inside their person and has not been able to serve useful purposes in interpersonal relationships; this leads to a subjective experience of failure of “self-realization”. In fact, self-realization is, in a sense a self-denial: it requires the letting out of libido into the world. The decentering of personality is thus a warping of the structure of relationships where the person, rather than worrying about others and about God, worries only about herself, and this, then, causes all other kinds of aberrations in the use of the person’s internal resources. Psychoanalysts considered the same phenomenon as a trapping of the libido; this is how Freud described narcissism. However, the decentering in the Christian perspective also has ethical consequences: in Christian ethics, worrying about oneself more than about anyone else carries a negative moral qualification. One should bear in mind here that Christian ethics is not merely a restrictive duty ethics, but more of an ancient type, broader ethics which concerns a general quest of wisdom in life. The norm of Christian ethics that one ought to worry and care about others rather than oneself is a conclusion concerning what it means to lead a good life: worrying about others typically makes us feel better about ourselves and contributes to our sense of self-worth.

The concept of centering in religious ethics is closely associated with the role and conceptualization of “*the heart*” as the seat of moral emotions.

The heart is at the same time a center of emotional life and a center of moral normative life: “to have heart” means to have internalized key moral norms, mainly those relating to empathy, solidarity, and the moral emotions in general, and to be sufficiently sensitive and aware of the feelings and needs of others to be able to respond to them actively and constructively. In the symbolic sense, the heart is the center of personality — its locus of gravity and the generator of moral emotions which establish a vertical normative hierarchy which keeps the person framed and structured in a particular way.

Once the heart is compromised, the personality becomes “decentered” and “veers off” to trajectories which represent various degrees of pathology, whether they are classified as clinical, social, or, in most cases, as both. The decentering manifests in different ways, mostly in the observable patterns of behavior that reproduce across similar age and social groups. Sometimes these patterns are considered as challenges to the social and moral order and norms (such as promiscuity, or extensive use of drugs, or the propensity to lie, an excessive preoccupation with money and wealth, etc.) In such cases it is always useful to consider the manner of decentering

that underlies the observable behavioral patterns: a lack of vertical connection with a higher source of inspiration and normativity normally results in dissipated normativity on the personal level. The person finds acceptable those choices and methods for the achievement of one's goals which otherwise she would find reprehensible. Where there was a prohibitive moral and emotional cost attached to some choices, now there is none, or a very low one.

One of the methods in which people communicate, and which brings considerable suffering to human relationships, or to structural mental health as Lacan would likely call it, is the method of mutual testing. In western culture it has become customary that individuals test each other in the process of establishing any kind of structural social connection. The most obvious way of testing is the direct, explicit testing which employers conduct on prospective employees: these tests include not only the candidates' prowess at doing their aspired to job, but also psychological testing, personality assessment, etc. These latter tools, alas, are generally catastrophically unreliable and thus of very limited real value, however they are often treated almost in the same way as measurements in the physical world, and people's prospects in their professions are influenced by such tests, among other factors. Less obvious is the testing in more personal relationships, where acquaintances become friends only after they have successfully passed a series of situational tests, some of which may be deliberately set up, to prove their trustworthiness.

Finally, and perhaps the most troublingly, there is a principle in intimate relationships that potential romantic partners tend to "test" each other in a variety of ways (this is believed to be particularly widespread in women), including the testing of the other person's resilience (today, the epidemic of "not calling" or cutting of communication for a while, or of "pushing forward, and then suddenly pulling back" in a relationship, are examples of the testing). Such tests are designed to provide knowledge of the other person and simulate situations which would allow the one who administers the test to judge how the other person reacts under the stress of various scenarios. This type of behavior often assumes quite worrying dimensions, where in the courting process one side, traumatized by the behavior of previous partners, subjects the next partners to a kind of "stress drills" to see how they respond to the stress of break-up, crisis in a relationship, misunderstanding, etc. This is in fact sheer abuse. One such way of testing potential partners is the "ignoring policy", sometimes called "ghosting". What ghosting really simulates is the person's disappearance from a relationship, and such an event in any relationship is traumatizing. However, in ghosting during the courting process there is still no relationship, so the trauma is inflicted without real reason (there is no intention to break up the relationship which does not even exist); it is inflicted as a manner of testing another person's endurance and level of tolerance.

Ghosting is an example of a strategy in human relationships that is decentered and spiritually deeply disturbed, because it deviates from the normal expectations of respect for the dignity and wellbeing of others. It is a strategy bordering on sadistic observation, such as the famous Milgram's experiments with the infliction of electric shocks on others (Prawdzik 2011). In his experiment, where people administered increasingly painful electric shocks to others, Milgram observed the extent to which individuals were prepared to obey commands by authority figures to inflict pain on their peers. However, the decentering that occurs in the "ghosting" and modern "testing" strategies in human relationships are deeply internalized, socially induced patterns of behavior which conforms to the conceptual characteristics of abuse, yet it is regarded socially acceptable.

The degree of social acceptability of various practices that are non-empathic and harmful to others rises with the spiritual decentering of society and of its individual members: this is why spiritual

practice and the spiritual aspects of psychotherapy are increasingly needed in the social world marked by mutual disregard and a progressive rise in the egotistic obsession with own interest, own needs and own desires. The concept of the heart as it is depicted in spiritual practice thus gains even greater significance.

To “have a heart” would mean to govern oneself according to the precepts of spiritual recognition of the other person’s heart, and not use the abusive behavioral patterns to test another’s resilience. Similarly, to establish a community with someone requires a heart that reaches out to that person’s heart: the poetic metaphor of “two hearts together” is in fact a spiritual symbol: when we join in solidarity, we join with our hearts, and physically, we “join at the hip”, acting side-by-side to address one another’s difficulties. This is the whole structure of spiritually oriented therapy which arises from two or more persons being centered in their hearts. However, when the heart is decentered, when it is compromised, then the care and recognition which flow from the heart to another human being, or animal, or group of people, or a life situation where one’s empathy and solidarity are required, become disturbed and disordered. We do really enter a state of mental “disorder” but in fact this is a spiritual disorder within our heart.

From a spiritual point of view, pathology is a decentering of the personality, and this is the same as corruption of one’s center of normative and emotional gravity, namely the heart.

The metaphor of the heart cannot be overemphasized, because it immediately suggests that the normative content which we use to govern ourselves morally and socially does not arise from a Kantian concept of “moral duty”, from some kind of cold, external requirements imposed by an authority, but rather spring from the warm well of moral emotions.

We are governed by our emotions; they are the dynamic factors of all our choices and actions, and the reasons we find and offer for our choices are merely ways to defend the decisions we have made already, based on our moral and general emotional sensibility. Some things we will do in order to reflect who we are, other things we will or will not do in order to please others, but in each case, it is our sensibility that will determine which of these choices we will be prepared or inclined to make and to what extent. Thus, the cultivation of our spiritual sensibility is the task of spiritual therapy, just as the cultivation of our overall sensibility is the task of any kind of education, therapy or self-development. I think that this is a key point to identify in this line of argument. It is the reason why Philippe Pinel believed that psychotherapy was nothing else but “moral re-education”: he did not mean it in the way of coercive retraining of our moral reasoning, but rather as careful, delicate work on the development of our normative sensibility in the broad moral sense. Morality, or ethics, in the broad sense, is not merely a set of restrictions on what must or must not be done in order to fulfil an ethical ideal: it is a general quality of life, which is supposed to be a good life, a fulfilling and at the same time generous life, both to others and to ourselves. Such a life stems from a root of good and generous sensibility, and the good news in this context is that sensibility is not merely a given, not something received through birth, with which we are supposed to live and make do. Sensibility is what we build, tune and fine tune, or change, if not completely, then significantly. This is observable with ageing: for many people, their sensibility and temperament change in different stages of their lives, as a result of their experiences and perhaps changing values. The change is not always linear, in the sense that we are vigorous and uncompromising in our youth and become more mellow and conciliatory at older age: sometimes the opposite is the case. Time flows in both directions in terms of our personality and our heart. The change is more a result of insight and emotional development than of a decrease in life force or energy.

As human beings, we store enormous amounts of information, a large part of which is social in nature. This includes information about the behavior of others, their interests, their mutual relationships, inclinations, their values, upbringing, their significant others, etc. We use this information to achieve our goals, but that is only one, evolutionary perspective, whose crudeness and inadaptability to actual life is easily shown. The information we use for these evolutionary purposes increases with time: we gain more of it each day of our lives, and if we were really to use this information only for the purposes that the evolutionary theory suggests, namely for the selfish purposes of self-preservation and advancement (and this includes alliances and good relations with others, too), we would have serious problems storing all the information.

Like in warfare, every single bit of information would be important, because it could be used to advance towards winning over a goal. This, however, is precisely the decentered way of thinking which induces pathology: our phones have increasingly large memory storages and ever faster processors, as do our computers, and correspondingly with the increase of the capacities of the hardware we carry and use, our ability to function independently as human beings diminishes. This is the logical consequence of the decentering along the fault lines suggested by the evolutionary theory: every increasing capacity for storing, retrieving and “firing up” information leads to an increasing dependency on technology and a decreasing capacity for organic human action. The result is that most people can no longer maintain a meaningful person-to-person conversation for several hours, while they can, without problems, maintain the electronic communication for an entire day. The format of the electronic communication is critically different from that of organic communication, because in the former format one can retrieve all kinds of deposited information at will as use it as arguments, illustrations or diversions to the ongoing conversation; in organic communication, it is our personal resources that we use as tools to achieve social objectives with the other persons immersed in the same process.

A centered way of thinking is organic in that it is immediate, does not require an electronic or any other interface, including an institutional one, and it allows for the mutual recognition of emotions. At the same time, centered communication where the heart governs the interchange of words and statements, whether verbal or otherwise, does not require much information, as it is vertically normatively structured and based on moral emotions which rest on empathy and solidarity. Thus, a centered personality communicates with others from the heart as the core of their personal sanity and the seat of their emotional drives, and through this communication the centered person reconfirms their identity and solidifies their personal structure by reaffirming, or questioning, or changing, their values, views and positions on various matters, however doing so in good faith and within a general awareness that others should not be harmed. In other words, *organic communication is not consistent with the evolutionary theory*: it is consistent with the spiritual view of life and human relationships; conversely, the technologically mediated inorganic communication, which relies on immense and increasing amounts of information as tools to deal with others is consistent with the evolutionary view of human nature, history, and sociality.

When we are centered on our heart as the core of our identity, we tend to have more control over our choices and actions, for at least two important reasons. First, there are fewer choices to consider, because some choices are immediately recognizable as irreconcilable with our spirituality. For example, if I am a Christian and this structures why personality, then the earlier mentioned social distractions which plague so many, such as promiscuity, drugs or superimposition of career success and power over personal tranquility and organic integration with others will fall away from the specter of my alternatives for a life-style very early on in the decision-making.

A centered personality regards many of the otherwise difficult and degrading issues simply as non-issues. This reflects in therapy for the most common causes of distress, as well. A centered person does not normally engage in extramarital affairs — a major cause of seeking psychotherapeutic help. This may happen, but only extraordinarily: normally this is a non-issue for someone with clear spiritual values. The fact that somebody is married normally cuts off one's interest and potential choices with regard to that person very early in the process, leaving little room for the thoughts and emotions which would make such an undesirable course of action more vivid or entrenched in the person's thought process. Similarly, a centered person does not steal, or engage in relationships or groups where drugs are common. This cuts off the potential to become a drug user or to have to fight drugs off very early on in the process. Organic education, organic morality and an organic, spiritually centered personality with a focus on the heart as the core of choices, all render many of the highly prevalent psychotherapeutic issues today — non-issues. This is a simple and externally observable reason why being spiritually centered is largely the same as being mentally well.

A spiritually-centered person is also less prone to many of the issues arising from a sense of heightened responsibility and the corresponding belief that one has control over so many events in one's life, both of which are traits readily promoted by modern culture and equally extensively present in the counseling rooms today. Consider relationships — by far the most common theme in counseling. A spiritually-centered person has less difficulty both engaging with someone they are interested in, and accepting any type of consequences of that engagement (whether it is the other person "pulling back" or breaking up, or becoming pregnant and opening the prospect of marriage), because they don't consider themselves in full control of what happens; they have clear values, which make it easier for them to accept what actually transpires and react to it constructively.

Whatever happens in a relationship, if one assumes that one can control the overall course of the events, this is cause for anxiety, regrets, doubts and extreme stress in facing the unknown and unexpected future. On the other hand, if one focuses on one's vertical dimension of normativity, on one's heart as the locus of one's moral and social emotions, one maintains a continuity of inner experience where the external events have a more marginal value. As a consequence, one has greater inner resources to respond to those external events, to the Lacanian "Real", without the "Real" being able to easily overwhelm him. Lacan believed that the real experience is by definition "unbearable" and that it is the symbolic resources that we use to process it and to psychologically sustain it. Another way to look at the same reality of our encounter with uncontrollable external events, including those in which we do actively partake, is to see them as but parts of our life, where the predominant and prevalent part is internal, our focus on our heart as the center of our personality. Thus, our heart remains the most important object of intention, where the Real, while acknowledged, remains in the shadow of the heart, of our identity, our values, our spiritual grounding. This makes us both strong and loving, both resilient and accepting. It makes us more functional, to use the ugly mechanistic term so common in modern psychotherapy.

Perhaps much of what I have said here is summarized in the metaphor of Jacob's ladder in the Old Testament. At one stage, Jacob receives a life-changing dream from God through the dreaming ideation of a large ladder descending from Heaven to Earth, with angels ascending and descending the ladder. God announces to Jacob that he would bless his descendants and secure them the land that was promised to Abraham (*The Holy Bible* 1988, Genesis 28, 14a).

The metaphor of the ladder stands in contrast with the tower of Babel, which God's people had built striving to rise to Heaven, to reach the Heaven through their own efforts and planning. The result was that God dissipated them amongst the nations and confused all of their plans, in order to show them the impotence of their relying on their own strength and wisdom (*The Holy Bible* 1988, Genesis 11, 4).

In contrast to the Tower of Babel, in the Jacob's ladder dream, God creates an access portal to Heaven by rolling down a ladder from Heaven, by sending angels to descend the ladder, and by speaking to Jacob directly. The gate to Heaven is not built or created by us, in the same way in which healing in psychotherapy is not the result of a conscious effort by the therapist and the client: it is the result of a listening for the voice from the above, together, hip-to-hip, and of seeking answers that reveal themselves to both through their honest, dedicated and ethical relationship. This is the epistemic, and at the same time therapeutic, meaning of spiritual communion that is exemplified in its practical form in the psychotherapeutic relationship.

While it seems that God's unfolding of the ladder from above calls for a degree of receptive passivity from Jacob, the story clearly points to Jacob's centering, his focus and spiritual and mental preparedness to see the ladder. The ladder is shown in a dream, not in the waking reality. It is a concept of inward transformation that calls into reality modal worlds that, observed externally, seem like miracles. It is the story of how spiritually finds modal logic in self-change in much the same way as it finds change in an organic and spiritually focused therapeutic process.

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