Spiritual Transcendence in Psychotherapy: A Relational, Pragmatic, and Semiotic Approach

Abstract: The last several decades have ushered in an abundance of creative activity and wisdom with regard to spiritually and/or religiously informed psychotherapy. Most of these pursuits have led to significant and positive changes, both in thought and practice, in the way that human psychology is seen as intersecting (and interacting) with religious, theological, and spiritual dimensions of experience. At the same time much has been neglected amidst these advances. In the present paper, we submit that one vital area of neglect may be found in an implicit retreat from sacred encounter in favor of instrumentalized approaches to psychotherapy. We argue for a spiritually transcendent psychotherapy that implicitly attends to relational and semiotic phenomenology while retaining pragmatic gain.

Keywords: Spirituality, Religion, Sacred, Psychotherapy, Relational, Pragmatism

We are grateful to have this opportunity to contribute to this special issue of Open Theology commemorating Dr. Allen Bergin's landmark article, “Psychotherapy and Religious Values.”\(^1\) Two of us (Sandage, Stavros) went through graduate training in psychology in the 1990s at a time when a generalized bias against religion in the field of psychology was still easy to find and religion and spirituality were far from mainstream topics. Bergin's work, especially his 1991 article in the American Psychologist, was pivotal in starting to turn the tide toward a more balanced awareness of the potentially salutary effects of religion on mental health for many people and the legitimacy of religious values as an area of psychological research. Bergin challenged the dominant narrative within modernistic psychology that religion was neurotic or irrelevant and helped “set the table,” so to speak, for a generation of clinicians and researchers who have advanced large bodies of literature on religion, spirituality, and mental health to a prominent place in psychology (which was part of his stated goal in the 1980 article). Perhaps most impressive to us, Bergin\(^2\) was not interested in winning some cultural or intellectual battle against secular thought but rather wanted people from differing traditions to “learn from one another” while offering the self-confrontation that “religionists have tended to be unempirical and need to adopt the value of rigorous empiricism advocated by humanists and pragmatists.”\(^3\)

I (Salimi) trained more recently in the second decade of this century and found that, while general attitudes in the field toward religion had softened as compared to decades prior, an over-emphasis on constructing methodological clarity pervaded both scholarly literature and discourse. As a result, even the

---

1 Bergin, “Psychotherapy.”
2 Ibid.
3 Ibid., 101.

*Corresponding author: Barbod Salimi, Boston University, USA; E-mail: bsalimi@bu.edu
Steven J. Sandage, George S. Stavros, Boston University, USA

© 2016 Barbod Salimi et al., published by De Gruyter Open. This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 License.
most fervent of contemporary “integrationists” (i.e., those who attempt to interweave psychologies and religions) seemed intent on building tight models of integration which would provide theoretical structure and generalizable interventions, particularly in clinical and counseling domains. Rather than accepting as starting points the deep mysteries that comprise both psychological and religious existence, the content and pedagogy I encountered in my formal training appeared to react against them through implicit and explicit teleologies aimed toward conceptual structure.

Bergin’s many scholarly contributions have often included conceptual sophistication, clarity, interdisciplinary sophistication (e.g., psychology, philosophy, theology), and empirical analyses. Thus, it may be surprising that we draw our primary inspiration for the present paper from Bergin’s response article “Neglect of the Therapist and the Human Dimensions of Change: A Commentary.” In this article, he speaks to “the complexity of human interaction that is intended to be therapeutic” and the “continuing frustration in our effort to embrace, conceptualize, and understand what it means to be a human in a relationship, particularly a therapeutic relationship.” At that time, Bergin noted the benefits of “humanistic, phenomenological, agentive, and postmodern perspectives” to challenge an “overemphasis on mechanistic/naturalistic conceptions of causality and therapeutic change.”

He advocated for quality conceptual and empirical work while also resisting simplistic formulations, such as reducing therapist influences on psychotherapy to a single variable. While the place of spirituality and religion in psychology has changed since the 1990s, it seems to us that there remains a risk of reducing complexity and mystery, of trying to codify and control relational dynamics in therapy, of ignoring the powerful surprises emanating from the sacred. We need fresh applications of Bergin’s dialectical, dialogical, and practical sensibilities for the current landscape of integrating spirituality and religion in psychotherapy. We start our considerations in this paper with two pragmatic philosophers who can help us understand the present dilemmas we face.

Philosophical Groundwork

In 1877, American scientist and philosopher Charles Sanders Peirce published a seminal article titled *The Fixation of Belief*, a pebble in the pond of Western thought whose ripple effects have comprised the pragmatist movement. There, Peirce implicitly reacts against a long history of epistemology, ranging from Greek metaphysics to neo-Kantian rationalism, that he considers ultimately futile based on its tendency to engender doubt rather than advance truth. Such a critique must not exclude a notion of what is meant by the word “truth.” Recognizing this, Peirce devotes the remainder of his discussion to the articulation of that very notion, essentially defining truth as that which brings resolution to a state of unknowing. At first glance, this may seem at best to be begging the question, for it is hardly edifying to conceive of truth as the mere antithesis to ignorance. Peirce, however, is a sophisticated logician whose system of thought proffers a straightforward elaboration on the key issue by focusing on what he refers to as belief.

The elegance of this elaboration is almost too simple to appreciate upon initial examination. He suggests that through a process of struggle, or “inquiry”, human beings come to adopt conceptions of truth amidst their attempts to move from “the irritation of doubt” to the attainment of a “state of belief.” For Peirce, belief is not simply a matter of empty faith. Far from it, he deems it the basis out of which people act with strong senses of confidence in the world.

---

4 Bergin, “Neglect of the Therapist.”
5 Ibid., 87.
6 Ibid., 83.
7 Exemplified most poignantly by the starting point of Cartesian philosophy.
8 Peirce, “The Fixation of Belief”, 42.
9 Ibid.
10 For example, one is unlikely to get out of bed in the morning unless they possess an implicit or explicit belief in the force of gravity on objects in the world, including his or her body. Without such belief, the person in question may remain frozen in fear that the absence of gravitational pull may send him or her hurtling away from earth and into the atmosphere. But it is the very belief in gravity’s existence and constancy that produces confidence in the act of getting out of bed. As such, many people resolve potential doubt by moving into a “state of belief” in the truth that they indeed can get out of bed every morning.
The first torchbearer of Peirce’s movement, William James, is a prolific thinker in his own right. Widely considered a pioneer in American philosophy and psychology, James, who was particularly amenable to Peirce’s ideas, applies their basic principle (that what is useful is tightly correlated with what is true) throughout much of his own work. This includes the profound influence of James’ pragmatism on the psychology of religion. To refer to him as fervently sympathetic to Peirce’s overarching ideas is uncontroversial. However, followers of the paths cleared by those who came before them often do stray, even if unintentionally, from the aims and visions put forth by their predecessors. Western philosophers are no exception to this, as evidenced by the manner in which James steers pragmatism in divergent (albeit not overtly so) directions of which Peirce himself disapproves of. Peirce, after all, seeks practical clarity (i.e., “truth”) of the sort that, through repetitive investigation (i.e., “inquiry”), renders working conclusions on the nature of a reality, unbound by the shackles of anthropocentrism. James’s way of seeking practical clarity, on the other hand, leads him to an apparent proliferation of anthropocentrism. So whereas Peirce’s pragmatism pursues truth that transcends human activity, James’s pragmatism finds truth through magnification of human subjectivity, the likes of which serious scientists struggle to accept.

The related-and-yet-contrasting contributions of Peirce and James offer a rough parallel to issues of epistemology in psychology. Peirce’s highly structured logical approach to pragmatism offers points of philosophical resonance with empirical traditions in psychology which seek to develop and manualize empirically-supported psychotherapies. Like Bergin, we appreciate the importance of empirical research in psychology while sharing Bergin’s concern that certain forms of what he called “clinical pragmatism” operate from a rather naïve and rigid commitment to scientific methodology without acknowledgement of dominant social values that creep into the research enterprise. James’ contributions to psychology are more difficult to summarize, in part, because his work was rather interdisciplinary. But James’ approach to epistemology is multi-faceted, and he engaged in scientific research on physiology while also becoming best known for his phenomenological psychology of religion in the *Varieties of Religious Experience*. He was a forerunner of qualitative research with his documentation of so many unique human voices describing their religious experiences with attention to the contexts of those experiences. However, his phenomenological sensitivity to the contours of human experience were also part of his interest in the function of religious experience. While some might read James as reducing human experiences of sacred to the psychological, we believe James was successful in engaging in rigorous pragmatic research in a manner that allowed the complexity, the earthiness, and the mystery of religious experience to remain in play.

**Pragmatism and Psychotherapy**

Why begin our discussion in this way? What is the relevance and/or significance of these opening reflections for the enterprise of psychotherapy? Furthermore, these questions may be asked more pointedly when applied to psychotherapy of a sort that tries to account for spiritual, existential, religious, and theological dimensions of human experience. Our answers are straightforward and rather uncomplicated: As psychologists, we believe that psychotherapeutic encounter is most helpful when it exhibits pragmatic impact; we, as spiritual beings practicing psychotherapy, believe that psychotherapeutic encounter is especially meaningful when it occupies spaces that are at once sacred and pragmatic; further, we believe that the clients we meet and attempt to serve in psychotherapeutic capacities are more likely to experience healing when the process is attuned to spiritual phenomenology, the likes of which is framed by pragmatic transformation; and finally, following Bergin’s work, we believe we should be honest about the values that inform our specific pragmatism, which for us involves valuing constructive relational experiences characterized by intersubjectivity (i.e., knowing and being known; Stern, 2004). We believe these things in the same sense that Peirce meant the term. In other words, we have come to believe these things, based on repeated inquiry (i.e., our combined forty years of experience as psychotherapists and psychotherapy

---

12 Bergin, “Neglect of the Therapist.”
13 James, *The Varieties*. 
supervisors), along the way becoming convinced of the truth that Thomas Szasz\textsuperscript{14} articulated in describing (psychoanalytic) psychotherapy as a “moral enterprise.”\textsuperscript{15} And we believe these things with a commitment to the phenomenology and interest in human particularity embodied by James.

Our Argument

In the present article, we argue that a spiritually informed psychotherapy grounded in relationality, while still striving for pragmatic gain, is not only inherently transcendent (that is, irreducible to the mere subjective activity of two or more persons in a room) but enables tremendous potential for psychological transformation and healing. In essence, we endorse a psychotherapy that enters into that which is, broadly speaking, spiritual and sacred while engendering pragmatic import. This is a moral psychotherapy, an ethical psychotherapy that derives vital and irreplaceable energy from spiritual, existential, religious, and theological positionings while finding layers of meaning in its pragmatic ability to promote psychological and spiritual transformation. However, we also want to avoid the pitfalls of over-structure and conceptual authoritarianism which might lead us to try to control or contain the sacred. The terms spiritual and transcendent, therefore, have thus far been used to connote the phenomenological possibilities that exist independently of the application of human constructs and categories typically manifested and honed in upon in psychotherapy. This constitutes a spiritual-transcendent pragmatism with respect to psychotherapeutic encounter and functions through a phenomenological attunement to both subjectivity and objectivity.

The Scope of the Argument

Thus far, we have invoked a brief and rudimentary historical-philosophical groundwork for pragmatism. We have also touched on how this framework may play a key role in psychotherapeutic encounter while maintaining an emphasis on that which is spiritual, transcendent, and irreducible to human constructs, yet is nevertheless accessible to human experience. Along the way, our initial reflections have remained somewhat vague and non-particular. It is crucial to mention that this is indeed intentional. The reason for this is that we hold as a core ethic an unwavering commitment to inclusivity and hospitality. As such, our purpose in using terms like spiritual, existential, religious, and theological\textsuperscript{16} is not to hone in on a set of exclusive criteria for psychotherapy that will render a sectarian approach to encountering those we meet. Rather, these terms are employed in an effort to establish a comprehensive scope that leaves no potential care-seeker out. The danger in whittling language down to hyper-particular levels is that it inevitably catalyzes exclusion. And so, with some due trepidation and hesitancy, we propose that the aforementioned terms (SERT) strike the balance between specificity and generality that is necessary for the inclusion of all members of the human family who may seek clinical care.

This, however, immediately redirects us toward another inquiry: What do we claim is special, distinctive, or unique about the SERT-oriented and pragmatic psychotherapy we are advancing in the present paper? There are two obvious angles involved in answering this question, one of which concerns SERT itself while the other necessitates a revisiting of pragmatism. We will address them in turn.

In order to convey what we mean when we refer to SERT orientation, we must again immediately appeal to some degree of vagueness, as a means toward inclusivity, while also situating our clinical aspirations in what might otherwise be called the sacred. The sacred consists of that which, amidst interpersonal encounter, cannot be categorized and manualized with any degree of specificity. This spiritual way of orienting may rest in theological or religious impulses, or in existential ones that occupy less by way of specifically divine

\textsuperscript{14} Szasz, “The Cure Of Souls.”

\textsuperscript{15} It is important to note, however, that contrary to the broader point we are suggesting here, Szasz spends much energy in this article advocating for a “secular” therapy rather than a spiritually or religiously informed one.

\textsuperscript{16} At the Danielsen Institute at Boston University, we have adopted the acronym SERT as a means to more efficiently utter these dimensions. From this point forward in the present paper, we will utilize this acronym.
or metaphysical claims (hence, the breadth of the phrase, SERT). It is an appeal to that which lies beyond human cognition, comprehension, and systemization. We are certainly not advising against careful thought, or the kinds of theoretical advancement and sophistication we ourselves pursue as scholars and authors of publications like this one. However, we do strive to avoid essentializing clients by hoping to remain open to the infinite possibilities and surprises they bring with their narratives, their senses of creativity, and their potentials for transformation. In short, we recognize that missteps in psychotherapy occur when we stray from the sacred dimension of the encounter and find ourselves overzealously conceptualizing clients, drawing hard conclusions about their sources of suffering, or assuming we can accurately predict their future behavior. Conceptual missteps like this almost always happen through heavy-handed uses of language. In turn, clinicians often establish and utilize theoretical and diagnostic terminology and categorization and, in so doing, foreclose on mystery, imagination, and transcendent possibilities that exist in the lives of clients and the webs of reality they embody.

These mechanistic, non-spiritual, reductive approaches to psychotherapy, even if done under the guise of spiritual or theological integration, necessarily find conceptual fruition in language. In discussing the Wittgensteinian conceptions of the limits of language, psychoanalyst Donna Orange suggests that a “warning flag” should go up whenever clinicians find themselves applying objectifying labels to care seekers. Notably, she soon thereafter goes on to describe Wittgenstein’s philosophy as a resource for clinicians that carries “spiritual discipline.” It would seem, then, that resisting the anxiety-driven urge to confine clients to neat categorizations—such as clinical labels, diagnostic codes, or pathologizing modes of language—constitutes a type of spiritual practice that transcends what can be “known” or demonstrated. Thus, and by orienting to the unknown, we find that we may position ourselves not only in a more spiritual way (that gets us away from preconceived categories) but also in a way that, de facto, is more hospitable and inclusive. When we hold loosely our reliance on clinical constructs, we position ourselves more openly to our clients’ stories and to transcendent activity within the psychotherapy encounter. To invoke pragmatism again, we may use diagnostic and other clinical categories toward the function of responsibly and effectively serving clients, yet we want to return intentionally to consciousness of the limits of these structures which cannot encompass the existential and spiritual depths of personhood. As scientist and philosopher Alfred Korzybski stated, “a map is not the territory.” This is what we mean by SERT oriented psychotherapy.

But SERT orientation comprises only one half of the desired encounter since, as mentioned already, we seek pragmatic truth, activity, and gain as well. We align ourselves with relational psychotherapists who see the importance of agency and change and attend themselves to that which concretely happens in the lives of clients. This redirects us to the core tenets of pragmatism as means to deriving truth and thus necessitates continued exploration of the ideas of both Peirce and James. In the next section, we hope briefly to show that both Peirce and James, despite occupying two sides to the coin of pragmatic thought, leave much to the spiritual imagination.

**Peircean and Jamesian Deficiencies**

Broadly speaking, Peirce and James stand on common ground in that they emphasize practical encounter with the world as paramount in the quest for truth. The points at which they differ have less to do with the nuances of this shared emphasis and more to do with methodology. While Peirce’s pragmatism seeks a sort of refinement that will eventually render objective truth (or, “belief”, to again use his term), James narrows his attention in on the very locus of seeking (i.e., the human subject). It might be said that James’s truth favors the local over the universal. He sees truth not as being rooted in notions derived through impersonal, theoretical activity but rather in contextually-formed beliefs generated on the basis of

17 Orange, *Thinking for Clinicians*, 50.
18 Ibid., 53.
20 McWilliams, *Psychoanalytic Psychotherapy*, 259.
21 Mahoney, *Constructive Psychotherapy*, 19.
subjective satisfaction. For James, therefore, wherever human desires are found being quenched, there too are found slivers of pragmatic truth. Peirce, on the other hand, is leery of such staunch subjectivity. He envisages a turn away from the rationalistic conundrums that the philosophical tradition has created for itself and, rather than basing notions of truth upon mere mental activity, he seeks something more concrete, identifiable, replicable, and thus, more “outside” of human experience. For Peirce, truth is found wherever (and whenever) idiosyncratic particularities become, over time, filtered out, and thus more precisely attuned to objective reality. In short, while both stress the vital role of practical action on the journey toward truth, they differ drastically on when the truth is in fact achieved. For Peirce, truth comes eventually, when human inquiry reaches an objective, universally agreed upon saturation; for James, truth lies in that which is immediate and subjectively useful.

Peircean perspectives expose weaknesses in Jamesian perspectives, and vice versa. Whereas James’s view deserves criticism for its unbridled reliance on human subjectivity as the be all and end all, Peirce’s confidence in the ability of human inquiry to tap into non-human realms of objectivity is equally questionable. Neither thinker provides an unassailable demonstration of what makes his perspective superior. Peirce, in the end, offers little demonstration of how and why persistent, collective human activity eventually crosses into the realm of objectivity. His corpus is absent of definitive rationale for why subjective, anthropocentric pragmatics, even if done excessively and intensively, could possibly eventuate in objective, non-anthropocentric truth. On the other hand, James seems to swing this philosophical pendulum in the opposite direction and, in so doing, seemingly over-elevates the explanatory potential of mere human activity. Rather than invoke objective elements to his pragmatism, he rests on the laurels of utter subjectivity. James’s thought comes up short in satisfactorily answering the nagging question: “So, whatever feels or seems right is automatically true?” Both Peirce and James are philosophers; that they have in common. Their profound differences, however, become clear through the articulation of further disciplinary terms. Whereas Peirce’s disciplinary identity places him in the category of scientist, James’s undeniably appears to be more identifiable as a psychologist. Their points of divergence seem, then, to be informed by the a priori commitments furnished by these disciplinary distinctions. Put concisely, objectivity is the stuff of scientists while psychologists tend to give more credence to subjectivity.

For our purposes, however, it is less crucial (though it is certainly important) to explore the differences between Peirce and James than it is to highlight the deficiency, or lack, of both of their approaches. Pragmatism, whether of the objective or subjective sort, when carried out in the absence of spiritual impulse lacks a sort of transcendence and/or ethics, at least in name. The aforementioned how and why that both Peirce and James fail to provide may be accessible through a spiritual orientation that at once seeks pragmatic truth while holding in abeyance the seemingly insoluble objective-subjective problem. Such an approach (which we are proposing) seeks objective-subjective hybridity through its pragmatic activity while acquiescing to a spiritual orientation as its guiding energy. This orientation renders the human person in search of truth without falling victim to the traps of either relativism or steadfast universalism. In this vein, notions of truth are held loosely, but never dropped; they are fervently sought after, but never in hopes of achieving pure certainty.

Readers familiar with differing approaches to psychotherapy may see the parallels to the Peircian-Jamesian tensions. Certain empirically-oriented approaches, such as cognitive-behavioral approaches, are often built from clear logic and structure and rest upon the slow accretion of (relatively) objective scientific evidence over many studies. In contrast, psychoanalytic therapies often prize subjectivity and human particularity, relishing the ambiguity of meaning. Obviously, these are generalizations, and there are many approaches that seek to integrate these themes. But when we survey approaches to psychotherapy, even spiritually-integrative approaches, we are struck that explicit valuing of mystery, unknowing, spontaneity, and improvisation is hard to find. Starting with James and continuing to the more recent research of Miller

22 Rescher, Pragmatism, 281.
23 de Waal, Pierce, 130.
and C’de Baca and others, there is a long tradition of research in the psychology of religion showing that conversions, transformations, and mystical types of change sometimes come suddenly “upon” individuals as epiphanies that seem to emerge without an obvious and identifiable antecedent process.

**SERT Oriented Transcendence**

We are thus suggesting that a pragmatic sensibility that leaves room for balancing the tensions between objectivity and subjectivity, certainty and uncertainty, is best found in a spiritual orientation. With regard to psychotherapeutic encounter, the implication of this suggestion harkens back to our earlier declaration that SERT orientation is at once unconditionally inclusive and incessantly open to mystery, imagination, and transcendent possibilities. In the absence of such a spiritual (SERT oriented) psychotherapy, two likely scenarios will tend to play themselves out: 1) the psychotherapy reduces itself to mere pragmatic effectiveness whose chief goal is to achieve some semblance of objective, rational truth (e.g., cognitive therapies, or rationally driven analytic therapies), or else 2) it becomes steeped so deeply in subjectivity that the psychotherapy process remains incapable of pointing elsewhere (or outward), beyond clients’ respective worlds. These two likely scenarios, by virtue of either their objective or subjective bents, result in overt rationalism or else subtle narcissism.

We propose, however, that these are hardly our only options. We submit that there is a third way, a way to, through psychotherapy, be in sacred, transcendent contact while also acquiring pragmatic impact that enables psychological wholeness and transformation. Such a psychotherapy leaves the objective-subjective problem unresolved and basks in its spiritual uncertainty. Is there not, after all, a tacit “goal” in psychotherapy that stands apart from merely achieving pragmatic “truth”, whether by resolutely seeking the realms of the objective or subjective? Furthermore, is there not value in attempting to engage both the objective and the subjective while maintaining a posture of mystery and uncertainty along the way? The spiritual pragmatism of psychotherapeutic encounter via SERT orientation may be a gateway into achieving this phenomenological goal. Such a psychotherapy neither lauds language as possessing ultimacy nor vehemently does away with its potential. For in our most honest moments, we recognize that although language is perhaps our most prized (and needed) mode of communication (especially in talk therapy) it is also deeply problematic by virtue of its extreme subjectivity. As P.D. Ouspensky writes, “People have the very firm conviction, or belief, that they speak the same language, that they understand one another. Actually this conviction has no foundation whatever...As a matter of fact, no one understands anyone else.” Since words carry with them unique narrative history, one can never be sure they entirely understand the other with whom they are in dialogue. Despite this, we are often bound by our compulsion to use words. This is most certainly true of psychotherapeutic encounter.

Essentially, what we are attempting to convey is that psychotherapeutic encounter is fraught with subjectivity amidst its pragmatic quest for psychological transformation, yet it implicitly reaches for transcendent objectivity and/or universality. The tension of this sentiment is perhaps best put forth by Carl Rogers when he suggests that a central goal of the psychotherapeutic encounter is rooted in a notion of “the good life” which he goes on to describe as occurring in “…the process of movement in a direction which the human organism selects when it is inwardly free to move in any direction, and the general qualities of this selected direction appear to have a certain universality.” For Rogers, subjectivity—if given the time and space it needs—eventually accentuates or gives way to (universal) objectivity. In this vein, he appears to be philosophically aligned with the aforementioned pragmatism of Peirce. However, Rogers seems to ground these objective trajectories in the movement of what might be called a human spirit, or, what he goes on to deem a “greater richness”, that is free to take form in the absence of constriction. In building toward this notion of greater richness, he highlights possible ingredients such as increases in openness, presentness,
and trust, among others. It is curious to note that here, in elaborating his view, Rogers now begins to effectively resemble a view that is more Jamesian in its pragmatic vision in that his analysis becomes person-centered. It would seem that personal, subjective, idiosyncratic activity is essential in Rogers’s view.

When toeing the line between that which is objective and that which is subjective, a common maneuver is, whether intentionally or not, to relinquish ethical clarity. In other words, it is a profoundly difficult task to provide solid justification that illuminates what is objectively “good” about certain modes of subjective human activity. Peircean pragmatism stops short of doing so and instead doubles down on the notion of persistent examination; that is, the proclamation that continual human inquiry, however subjective, will eventually give rise to objective truth (or belief). The lack of ethical clarity in this is apparent in the fact that fervent incessancy, at best, only sheds light on practical usefulness, rather than some transcendent notion of goodness. And so we find, in Peirce’s pragmatism, a relinquishment of pure ethics in the unrelenting pursuit of scientifically derived utility. Jamesian pragmatism also lacks ethical clarity insofar as it places such a great emphasis on inner sense that it excludes objectivity and “degenerates into pure subjectivity.”

Thus, in James’s pragmatics we find a relinquishment of pure ethics in his over-insistence on turning inward.

In returning to the psychotherapeutic philosophy of Rogers, we find a tenuous blend of both Peircean and Jamesian pragmatics that, despite its oscillation between objectivity and subjectivity, also lacks pure, transcendent ethics. What is arguably Rogers’s most prized psychotherapeutic virtue is the notion of freedom. When achieved, this virtue, in Rogers’s view, mobilizes the client toward deeper psychological health. The curious issue with this view is that the very psychological health that is espoused is unsubstantiated, un-described, and ungrounded in any transcendent or objective ethical terms. However, we do not heavily fault Rogers for this neglect and lack. To reiterate from above, it is a profoundly difficult task to explain what is objectively good about certain modes or outplayings of human subjectivity. The implicit argument we are attempting to culminate is that such an explanatory task is, to a certain extent, impossible. As such, and by virtue of what has already been described as our striving for SERT orientation, we submit that an embrace of mystery and non-explanation best positions us around objective-subjective dilemmas and best enables us to respond to the pragmatic needs of our clients. We perceive the inexplicable tension between objective and subjective that so deeply pervades psychotherapeutic encounter as a tension that is to be accepted, subsisted, and sustained rather than rejected, troubleshooted, and resolved. In so doing, psychotherapists will inherently adopt SERT orientations that respond and speak more truthfully to the ambivalence of human existence. Such a psychotherapeutic encounter is what we refer to as “transcendent” and comprises the foremost aim in pragmatic psychological transformation.

**Semiotic-Dialogic Relations**

We also think appreciation for the transcendent in psychotherapy can be assisted by understanding the relational nature of semiotic processes. Semiotics is a diverse field which Peirce helped found and involves the study of meaning-making processes through use of signs and symbols. Language can provide forms of signs and symbols used for communication and meaning-making, although semioticians study many other types of “signs” including non-verbal gestures, metaphors, symbols, and even physical artifacts. Peirce argued that human interpretation is part of semiotics, and postmodern semioticians study many other types of “signs” including non-verbal gestures, metaphors, symbols, and even physical artifacts. Peirce argued that human interpretation is part of semiotics, and postmodern semioticians study many other types of “signs” including non-verbal gestures, metaphors, symbols, and even physical artifacts. Peirce argued that human interpretation is part of semiotics, and postmodern semioticians study many other types of “signs” including non-verbal gestures, metaphors, symbols, and even physical artifacts. This suggests that semiotic or symbolic levels of processing can serve to link more implicit subsymbolic levels of experience with more conscious verbal (neocortical) processing of information.

---

29 Ibid., 187-189.
30 Indeed, Rogers’ therapeutic approach has been coined “person-centered” or “client-centered.”

Much of the empirical work on religious values in psychotherapy in the 1980s and 1990s amidst Bergin’s contributions sought to understand (a) potential differences in values between clients and therapists and (b) the impact of various types of values matching or mismatching on psychotherapy outcomes. This made a vital contribution to religious diversity awareness and efforts to limit the risk of therapists imposing values on clients given the power differential. A limitation of this body of work from a semiotic perspective was that studies largely relied upon self-reports of clear statements of values by therapists and clients (or, in many cases, analogue clients in studies with student samples). What was often neglected in this research was attention to more implicit forms of semiotic communication, meaning, and valuing through signs, metaphors, symbols, or even the use of objects. For example, in the fourth session of individual therapy, a client pauses at his therapist’s desk on the way into the office and stares deliberately at an unusual object on her desk for a couple moments before pointing to the object asking with his back turned to her, “Where did you get that?” Is he avoiding the “real” therapy work of the session? Seeking to learn more about her to assess her safety for his potential disclosures? Expressing curiosity and a desire to learn about the world? Turning the table on the power differential in his favor momentarily? Trying to understand the meaning of office space in which he is supposed to experience transformation? This illustrates the unavoidable challenges of interpreting the values embedded in this kind of interaction, and semiotic process is even more complex when we consider there would be a kind of dialogue going on with the client’s interpretations of the therapist’s values expressed in the object and her responses to the conversation.

Ribeiro and Goncalves have developed a semiotic-dialogical approach to the study of “innovative moments” in a person’s self-narrative in psychotherapy. They draw on semiotics to suggest that at uncertain moments (“bifurcation points”) where meaning is ambiguous or one is experiencing a potential novel meaning, there is often a dialogical tension between a dominant self-narrative (e.g., God is punishing me to make some point) and a non-dominant or innovative self-narrative (e.g., God may actually care about me amidst challenging circumstances in life). The return to dominant narratives at these bifurcation points reduces the anxiety of uncertainty but at the expense of the kinds of novelty that represent transformation. In the case of psychotherapy clients, dominant self-narratives are often part of problematic patterns of experience. The symbolic and narrative aspects of spiritual and religious traditions mean that, for certain clients, this semiotic process has sacred dynamics not considered by Ribeiro and Goncalves. It is also interesting to consider this kind of semiotic-dialogic process from the perspective of those of us who are therapists, where dominant narratives provided by our conceptual frameworks may seem to provide positive and healing influences. Yet we might ask ourselves the question, “Do I sometimes invoke my theoretical frame rather artificially at my own bifurcation points in therapy where the anxiety of uncertainty about a client’s narrative leads me to impose meaning and avoid ambiguity?” Perhaps we need more attention in spiritually integrative psychotherapy to the personal practices, formative training experiences, and the kinds of ongoing consultation groups that are necessary to “stand in ambiguous spaces,” puzzling semiotic spaces, with clients (to paraphrase the title of Bromberg’s book).

Intersubjective Tensions and Moments of Meeting

This leads us to bring tensions in intersubjectivity to the foreground. Intersubjectivity is a complex topic across numerous disciplines and psychological schools of thought. Benjamin defines intersubjectivity as the developmental capacity to recognize both self and other as subjects (rather than objects) and agents. When we engage in this kind of intersubjectivity in interpersonal encounters, we find ways to manage the tensions of two different subjectivities and are able to differentiate our own mind from that of the other person. Moreover, we recognize mutual agency or the ability of both self and other to construct meaning and co-construct the relational experience. This can pull us beyond the kinds of “doer/done to” complementarity where one person dominates the other and things like power, sanity, and morality are zero-sum consumables that can only be attained through force and coercion.

34 Benjamin, “Beyond Doer and Done To.”
Stern points out that we can suffer from intersubjective anxiety when we feel vulnerable about whether our subjective experience “makes sense” to others, which may lead us to search out intersubjective validation and connection. Obviously, differing subjective experiences between two people can collide with the tension of “breakdowns” in shared meaning. Stern describes “now moments” or “Kairos moments” in therapy where something unexpected or novel develops in the relational encounter between client and therapist. “Now moments” are emotionally charged bifurcation points due to the interpersonal ambiguity in that present moment as to what the next move will be from either party. Stern suggests “now moments” can, at times, be followed by “moments of meeting” where intersubjective understanding is achieved between the two people, a concept that has been influential in various relational approaches to psychotherapy. Again, we appreciate the valuable irony of seeking to conceptualize these ambiguous, unexpected and “concept free” moments. We say “concept free” not to imply that neocortical functioning totally shuts down but to try to reference the way that implicit and semiotic levels of processing run “beneath” abstract levels of conceptual processing. We personally believe these moments of meeting are spiritually transcendent and psychologically transformational.

We do not consider these perspectives to be entirely unique or unprecedented. On the contrary, many psychologists have pointed out the pragmatic and meaningful gains that may be made when spiritual transcendence is attuned to within psychotherapeutic practice. O’Grady and Richards, for example, carried out a qualitative examination of the role that “inspiration”, which they indicate as being on par with the influence or guidance of divine force, plays in helping professions. Lomax and Pargament highlighted the importance of seeking co-constructed meanings, between therapists and clients, of “anamolous” or “sacred” experiences that fall outside of the purview of what is statistically usual. Sorenson similarly demonstrated the vital role that therapists’ levels of openness to the possibility of transcendence or to that which may be seen as “sacred” play in successful treatment. We join these authors and others in emphasizing the need for attention to and attunement with transcendence in psychotherapy.

**Moments of Therapeutic Transcendence**

We will next move forward with exemplifying, rather than arguing, our argument. That is, we feel that the best way to bear out this argument for transcendent, SERT oriented psychotherapeutic encounter is to illustrate its outplaying through case examples. We acknowledge that the crux of our proposition may thus far be vague and difficult to grasp. We anticipate this critique and, in fact, use it to help reify the claim that uncertainty and mystery—when encountered in psychotherapy—orient us in ways that we feel meet our clients more honestly and authentically. It seems, to an extent, futile to continue conceptualizing that which we argue cannot be conceptualized. To attempt to demystify that which is at its core mystical is absurd. Thus, our belief that transcendence in psychotherapy constitutes the best form of pragmatic client care seems best expressed through story, not through merely adding to the world of theoretical conceptualization. Therefore, our appealing to stories (i.e., case examples) comes in hopes of conveying the pragmatics of these transcendent, mysterious, semiotically mediated, moments of meeting.

**Case Examples**

Our first clinical description is a masked reconstruction of a moment of meeting in a session about a year and a half into a relatively unsuccessful couple therapy case (up to that point). The 43 year-old husband in this heterosexual couple was Jewish and had temporarily converted to Catholicism during college and even

---

35 Stern, *The Present Moment.*
36 Benjamin, “Beyond Doer and Done To.”
37 Stern, *The Present Moment,* 151.
38 O’Grady and Richards, “The Role of Inspiration.”
39 Lomax and Pargament, “Seeking Sacred Moments.”
40 Sorenson, “Transcendence and Intersubjectivity.”
considered the priesthood about a year after both his parents were killed in a car accident. After a couple of years, he had become disillusioned with the Catholic Church due to the conservative political stands of the priest at his parish, which he found conflictual with his own more progressive commitment to social justice. He had been in a kind of religious “moratorium” throughout the rest of his adult life, reading lots of theology and philosophy from different religious perspectives, attending services at a Reformed synagogue a few times, and sometimes trying to draw his Liberal Protestant wife into intellectual debates about the existence of God (which she did not enjoy). He normally presented as over-controlled emotionally and rather passive both in therapy and in his marriage. However, in the previous three therapy sessions he had progressively challenged the male therapist on several issues and, for the first time, had started to admit specific points of resentment toward his wife. She argued back, but also seemed energized and somewhat relieved to be gaining access to his real feelings after years of suspecting his emotional and sexual withholding was due to some mysterious bitterness. However, the therapist later reported that he felt the tension that was brewing between he and the husband seemed even deeper and more intense in some unusual way.

Husband: Yeah ... I have been pissed that throughout our marriage she puts her career above me and everything else ... talks about my “intimacy issues” to her friends, and then presses me to bare my soul or act according to some version of “passion” she has in mind when she slows down and wants to feel something for a minute ... I have been angry as hell about that, because (voice cracking) ... I don’t know how to trust enough to open up to a moving target ...

Therapist: (Relaxes for a moment, appreciating the surprising vulnerability and feeling some connection to the husband)

Husband: But I have a grim problem with you ... You won’t tip your hand about anything will you?

Therapist: (Feeling surprised by the unexpected attack and hearing the odd word choice – “grim” – ringing in his mind. Internally, feeling divided between anxiety over the confrontation and confused and distracted about the content of the client’s statement)

Husband: Have you ever been angry at God?

Therapist: Yes.

This was followed by several moments of sustained eye contact between the husband and therapist. The tension in the room softened. The wife wiped tears from her eyes and reached her hand over to hold her husband’s hand. The three sat in silence for the next three or four minutes.

Therapist: That sounds good.

Those of us who are clinicians are often adept at using theoretical material to interpret case narratives like this one, and it is probably easy to see this “moment of meeting” includes many of the conceptual categories related to intersubjectivity and other constructs we have discussed above. We might also find it interesting to consider the possible meanings of the relational enactment where the husband pursued the therapist in a manner similar to what he complained that his wife was doing to him. Or we could consider the implicit dynamics of relational spirituality that were unfolding in the limbic nexus of the husband’s relationality with his wife, his therapist, his God, and his parents. The therapist in this case reported that his working alliance with the husband felt totally different and more bonded after that point. And during the termination process two years later after what proved to be a very helpful couple therapy process, the husband invoked this exchange as a turning point for him. Yet what interests us in this clinical situation is not so much the way it fits into our conceptual framework, but rather the way it highlights a very unpredictable moment in

---

41 Stavros & Sandage, The Skillful Soul; Worthington & Sandage, Forgiveness and Spirituality.
the relational process for which the therapist could not prepare. In fact, the client deviated from his normal script and from the script the therapist had formed about the client. The therapist described his immediate disclosure of “yes” in response to the husband’s disclosure as “pre-reflective” and “almost pulled from” him. It is easy to imagine as a therapist feeling a need to nuance or explain such a disclosure or, perhaps even more common, to turn the focus back on the client to query about the meaning of the question or how the therapist’s answer landed with him. But in this case situation, the three silent people in the room seemed to experience a surplus of “something,” a something we, with a certain trepidation, would call spiritual transcendence. And we agree with Bergin’s practical, pragmatic wisdom that, while we need to learn our theories, refine our clinical techniques, and in some cases even make use of the structure and clarity of treatment manuals, there is no manual and no treatment plan for the “something more” of this kind of spiritual transcendence.42

Our second clinical description comes to us from our colleague, Dr. Salman Akhtar. He writes of his work with Sarah Green, a fifty-five-year-old librarian who “bought a parakeet (Dino) to keep as a pet as she was coming out of mourning over the loss of a profoundly significant romantic relationship.” When the parakeet died, it left Sarah “devastated . . . over the subsequent weeks – no months – she grieved this loss. The earlier loss of the lover also got reactivated. Sessions were filled with wails and tears.” Akhtar continues,

Around this time, Sarah reported the following incident. She had returned to her apartment after work and was sitting near the window watching the scenery outside. Then she caught a glimpse, from the corner of her eye, of a dark little spider on the windowsill. She was taken by the spider’s quiet beauty and kept looking at him intently. A thought occurred to her: “Could it be that Dino has reincarnated as a spider and come to see me?” As Sarah related this, she emphatically said that she knows that there is no such thing as reincarnation, and she knows that birds do not transform themselves into spiders. She paused and murmured “Who knows?” After this she turned, looked intently at me and said, “You do not think I am crazy, do you?” Guided by an unknown prompter, I spontaneously uttered the following: “No I do not think you are crazy at all. In fact, I think this spider is actually a poem.” Sarah broke into a big and very knowing grin which, however, lasted but a few seconds. Somber again, even a bit puzzled, she then said, “What do you mean by that?” I responded by saying that I thought she had immediately grasped my meaning but somehow lost that insight, and we should be curious about why that happened. But, I added, I would be glad to explain what I meant (which I was only now beginning to know myself).43

As with the first clinical description, there is ample room to consider this vignette from various technical and theoretical psychotherapeutic lenses. One such lens is Akhtar’s own Winnicottian reference to Dino and the spider as existing in a “transitional area” unbound from a strict reality-unreality distinction. Another lens to consider is Wallin’s use of attachment theory in psychotherapy and its emphasis on emotional attunement between therapist and client, which, when achieved, can invite moments of deeper exploration of inner and interpersonal experience that are highly creative and spontaneous.44

While we would certainly endorse enthusiastically the value of these lenses, there is an aspect of this vignette to which we are particularly drawn. In subsequent conversations with Dr. Akhtar, we have heard him describe his experience of being “guided by an unknown prompter,” which he describes as being less “saying something” and more “something being said by him.” We strongly affirm this kind of experience in our own practice of psychotherapy, when a therapeutic moment spontaneously (and sometimes intrusively) evokes images, memories, sensations, words, and feelings which can feel “delivered” to us and can focus, disorient, surprise, trouble, inspire, and confuse us. And, we consider it to be a crucial and pragmatic aspect of professional training and practice that a system of care and training be built in a way to help clinicians recognize, reflect upon, and metabolize the power of such potentially transformative moments in psychotherapy, in the service of excellence of care.

Key components to meeting this pragmatic need are a simultaneous emphasis on the therapist’s judicious use of self during sessions (Akhtar chose to share his thought about “the poem”), reflective

42 Bergin, “Neglect of the Therapist.”
44 Wallin, Attachment in Psychotherapy.
practice (regular clinical consultation, lifelong learning), and accountability for one’s own values and beliefs as they inform and impact clinical practice (how one’s own SERT experiences, practices, and traditions are part of the therapeutic relationship, even if implicitly). These emphases exist as means for making a hospitable place for the ubiquitous, potentially transcendent moments that emerge in the context of a relational psychotherapeutic encounter between persons. The range of spiritual, existential, religious, and theological experiences and content upon which a therapist draws, or chooses to ignore, in an effort to be attuned to the needs of his/her client(s) in any particular moment, is vast. We believe that it is preferable, even vital, to be open to and aware of one’s deepest convictions about relational healing from a SERT perspective, as opposed to bracketing, ignoring, dismissing, or denying, these convictions.

References


