

Comparing the Practical Implications of Secular and Christian Truth in Psychotherapy

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“I Am The Way, The Truth, And The Life” (John 14:6)

It is a sad fact of the psychotherapy profession that truth is rarely discussed, at least in any formal way. Look at any of our journals. We recently sampled a number of psychotherapy journals in the library of Brigham Young University and found no article to have the term "truth" in its abstract, let alone in its title. Consider this for a moment. Our journals presumably contain the formalized concerns of our discipline, and our abstracts supposedly summarize the main ideas of these concerns, and yet none of them evidenced any concern for the truth. This lack of concern is probably not a surprise to many psychotherapists. Nevertheless, it is, we believe, a profound indictment of the psychotherapy discipline.

This is not to say that truth is never discussed or that truth does not underlie our many activities as therapists. Indeed, we deal with the truth everyday as we talk about what is right or good for our clients. Even when we avoid dictating this truth for our clients, this avoidance is itself a type of truth for us. As Webster's Dictionary (1981) tells us, truth is whatever is the "actual state of the matter" (p. 1245), the actual state of goodness or rightness. Consequently, anything that therapists might consider good or right in therapy, including strategies that help clients discover their own truth, involve the truth in this sense. Our contention is that these truth considerations are rarely acknowledged explicitly. They are rarely brought into the open for disciplinary discussion.

This, we submit to you, is a dangerous situation. Sidestepping the explicit discussion of truth is probably dangerous for any discipline, but this is not our primary concern here. Our primary concern is the therapist who is Christian. Christian therapists are typically trained in the most popular understanding of truth in the social sciences, often without even knowing it. Certainly, our mainstream theories of psychotherapy are bathed in this popular understanding. However, our main contention is that this popular truth is not Christian truth. Christian therapists need to know that Christian truth is not only different from this popular understanding, but radically different (Slife, in press a; Slife, in press b). We hasten to add that this radical difference is not merely philosophical or theological in nature. This radical difference has everything to do with who therapists are and how they practice (cf. Slife, Williams, & Barlow, in press), as we will attempt to demonstrate.

To do this, we must first sketch our culture's common notion of truth. We could use several labels for this particular brand of truth, but let us call it secular truth for the purposes of this article. Secular truth primarily originates where a lot of Western intellectual culture primarily originates -- Greek philosophy and culture, and thus Hellenism (Slife, 2000). We will not bore you with the historical details, but suffice it to say that when the noted philosopher Alfred North Whitehead said that all Western philosophy is a series of footnotes to Plato, he was thinking about truth, among other things. What, then, is our popular, essentially Greek, notion of truth in Western culture? And, how has it affected our psychotherapy theories and practices?

Actually, secular truth has four distinct, yet overlapping characteristics (See Table; Slife, Petersen, & Larsen, 1999; Slife, 1999).¹ We realize that some of the terms

[Table about here]

contained in this table are not in the common parlance of psychotherapists, but bear with us. We plan to explain them carefully, one by one, and then attempt to show how each

has influenced psychotherapy. As you can also see in this table, we have outlined four contrasting characteristics of Christian truth, using C. S. Lewis (1940; 1942; 1947; 1952; 1957) as a spiritual guide (see also Slife, Peterson, and Larsen, 1999). You may be especially interested in the implications that these Christian characteristics have for psychotherapy. We will proceed through these four pairs of contrasting characteristics and compare them across the two types of truth, theoretically and therapeutically.

A few words of caution before we begin: we are not trying to indict individual psychotherapists and counselors, nor are we indicting others who may use psychological theories, such as ecclesiastical leaders and clients. Indeed, we are betting that many who are Christian have instinctively moved away from these secular characteristics of truth. Rather, we are trying to indict the formal discipline of psychotherapy. As we will attempt to show, it is our formal theories and strategies that are founded upon secular truth and are distinctly dissimilar from Christian truth. However, those who use these formal theories and strategies are not off the hook entirely. We also contend that many of these formal theories and strategies do affect their practice, perhaps in subtle ways, but affect it they do, particularly if they are not readily recognized. In this sense, describing these characteristics and their Christian counterparts should effect a kind of consciousness raising, if not sensitivity to how a Christian therapist might uniquely proceed.

Propositionality versus Concreteness

The first characteristic of secular truth is its propositionality (Slife, 1999; Slife, Peterson, & Larsen, 1999). That is, truth is thought to exist as a set of logical propositions or, more commonly, as a set of principles. This aspect of popular truth is readily seen in our culture's rendition of ethical codes. Most professional organizations, for instance, represent their ethics in written principles, because principles are thought to be sufficiently abstract to be applicable to all the situations in which professionals might

encounter ethical questions. In this sense, the abstract nature of such propositions makes them ideal for the universal nature of ethics.

Of course, the ethics of our professional organizations are not the only aspects of our disciplines to depend upon abstract principles. Indeed, virtually all theories of the social sciences partake of this propositionality. Virtually all our therapy and diagnostic systems consist of abstract and logical principles. In fact, this property of our theories is so pervasive that it is presumed to be the way all theories are, rather than the way a particular philosophy of truth has made our theories to be.

If, in fact, such theoretical abstractions are the truth, then the obvious practical implication is that therapists should focus their primary attention on these propositions. In other words, if the therapist is interested at all in the "actual state" of the client -- the truth of the client -- not to mention what is good or right for the client, then the real truth of the client is manifested in a set of propositions. We may not know which set of propositions -- which theory -- but we supposedly know that it is propositional in nature, because the truth, whatever it is, is propositional in nature.

In this sense, the concrete clients themselves are secondary to the abstract principles that supposedly underlie them. Clients are merely where the principles occur, the vessel through which these abstractions are manifested. Psychoanalysts, for example, are interested in the clients' ego or superego -- theoretical abstractions, to be sure. Likewise, behaviorists understand clients only insofar as they understand the principles of reinforcement and punishment. Cognitivists, too, understand their clients through their cognitive structure and beliefs. And for humanists, the truth of the client lies in the principles of organismic valuation and self-actualization. The point here is that what is ultimately important to these theories is their abstractions, not the concrete clients themselves.

The propositionality of secular truth will also lead therapists to teach their clients to focus on principles. Secular therapists must ultimately assume that their clients' well being depends on their learning the principles of "healthy" behavior. Consequently, psychoanalysts will inevitably instruct clients on how to maintain a healthy ego; behaviorists will teach clients that reinforcement and punishment are the guiding principles of life and will endeavor to teach clients to apply those principles appropriately, and so on. Yet again, the focus is removed from clients, as concrete individuals, and the emphasis is placed instead on the abstract principles that are supposed to underlie their behavior.

How then does Christianity violate this pervasive characteristic of secular truth? To even imply that it violates the familiar and, in some sense, cherished notion of propositions and principles may be provocative. Indeed, many may assume that propositions and principles are the essence of Christianity itself. If so, we would ask them to consider that this assumption is the encroachment of the "philosophy of men" (in this case Greek philosophy) into Christianity (Slife, Hope, & Nebeker, 1999; Slife, Peterson, & Larsen, 1999).

Christian truth is easily distinguishable from secular truth when one considers Christ's astounding pronouncement: "I am the way, the truth, and the life" (John 14:6). Notice that Christ does not say that he knows the truth, or that he carries with him the principles of truth, or that he exemplifies these propositions. Christ says that he is the truth. Jesus Christ is the Word or Truth made flesh. Needless to say, this concrete, embodied truth is a radical departure from Hellenistic and thus our Western traditions of propositional truth.

C. S. Lewis was very aware of the concrete nature of Christian truth. In the Screwtape Letters, for example, Lewis describes the divine presence as "completely real" and there "in the room" with him (p. 22). This concrete truth is not necessarily an

empirical substance, with the truth having to be a sensory experience. However, as Lewis shows, this truth is an “objective” presence nevertheless (Surprised by Joy, p. 220), one that allows us to converse with it and form a relationship with it. We have, declares Lewis in Surprised by Joy, "a commerce with something which, by refusing to identify itself with any object of the senses . . . proclaims itself sheerly objective. Far more objective than [conventional] bodies, for [the living Christ] is not, like them, clothed in our senses. . ." (emphasis added, p. 220).²

Such a claim should not be surprising for a Christian. Christians consider the historical Christ, as the Word Made Flesh, to continue to live, so that a real relationship can be formed with an objective and divine presence, even today. One cannot form a personal relationship with an abstract set of propositions. Some of us may have enjoyed learning our favorite theory of therapy. However, few of us would consider this a personal relationship with the theory itself. It is an abstraction, after all, and thus does not possess the necessary concreteness with which to form a relationship.

Another way to understand this embodied truth is to understand ourselves as Christ's “body.” In this sense, the Truth of Christ is literally in and operating through us as concrete beings. Consider Lewis's writings in Mere Christianity: "Let me make it quite clear that when Christians say the Christ-life is in them, they do not mean simply something mental [or propositional]. When they speak of being ‘in Christ’ or of Christ being ‘in them,’ this is not simply a way of saying that they are thinking about Christ or copying Him. They mean that Christ is actually operating through . . ." [their bodies] (p. 49).

If Christ is truly operating through us as therapists, what does this mean? First, Christian truth leads us to focus on our clients, rather than any abstraction of our clients. Just as Christ supercedes any principle that might be ascribed to Him, our clients should supercede any theoretical abstractions ascribed to them. Therapists know their clients not

by knowing their reinforcement histories or their repressed libido or their irrational beliefs. Therapists know their clients by forming a relationship with them, where the client is a person, rather than a manifestation of abstract principles.

Still, this move away from abstractions is easier said than done, especially in view of our strong Western intellectual heritage. We would assert that any such move is only accomplished with the help of Christ himself, through the Holy Spirit. That is, the living, concrete being of Christ must be "in us," as Lewis says, to form the type of relationships of which we are speaking. We read in Moroni (7:16) that "the Spirit of Christ is given to every man" and that "every thing which inviteth to do good...is sent forth by the power and gift of Christ." Therefore, whether or not Christ's presence is acknowledged, He is nevertheless present in the therapeutic context and in our relationship with the client, inviting both of us to the good, inviting both of us to the truth. As Christian therapists, we must become sensitive to His invitations, which can only occur if we first reject the idea that the truth consists of abstract theories.

Are we advocating the rejection of theories altogether? Of course not. We need theories to help organize and make sense of things and events. However, we do not have to make our theories into truths. We do not have to reify our pet principles, making our own organization of reality the actual state of the matter -- the truth. Still, it is tempting in our Western culture to think of the most fundamental things, the most truthful things, as abstract principles -- whether theoretical or religious. The problem is that such principles can ultimately hamper our recognition of the truth that is there (concretely) in the therapy room with us -- the Holy Spirit.

Consider the example of Nephi who was commanded to kill Laban, but was very distressed because it violated his principles (1 Nephi 4:10). Indeed, it violated a widely accepted theory and principle of his day: "Thou shalt not kill." Like many cherished therapeutic principles, this principle was thought to be the truth, even the God-given

truth. Yet, Nephi was not stymied by this moral dilemma, because he knew that the embodied, experienced Christ superceded any principle, even a principle that Christ himself may have offered at one time. "Therefore," as Nephi put it in verse 18, "I did obey the voice of the Spirit."

If Nephi had relied solely on his principles -- whatever their source, however helpful they might have been -- he would have been closed to the moment-by-moment commandments of Christ. This means that there are two types of commandments: the abstract propositions of secular truth, and the concrete, moment-by-moment, spiritual promptings of the Spirit. The former is easily revealed to be non-Christian, because a complete knowledge of such propositions would imply that we no longer needed Christ; we could rely on just the commandments themselves. The latter, however, requires a constant touch with our Lord and Savior, because these commandments come directly from his "voice," as Nephi put it, and not a list of abstract principles.

Of course, it is unlikely that we would be commanded to kill our clients. However, we must be equally sensitive to the Lord's guidance and equally ready to violate our cherished theories and case conceptualizations. Good therapists already know this anti-principle, because we know how easy it is for us to be fixed on a particular logical strategy in therapy and become less responsive to our clients and our Lord. One of us (Slife) was blessed recently by a client's anger, because it took this client's anger to burst through Slife's conceptual bubble. With the help of the Lord, however, Slife was able to transcend his own abstractions of the client to remain more constantly in touch with Him and the client.

The concreteness of Christian truth also means that we do not teach our clients to rely exclusively on abstract principles. Instead, we teach our clients relationship skills that facilitate their contact with the truth. Helping them to be more loving and sensitive to others in their families, workplaces, and communities will make them more available

to the invitations of the Lord, whether or not they are Christian. Indeed, if we teach our clients to become, as King Benjamin admonished, “as a child, submissive, meek, humble, patient, full of love...” (Mosiah 3:19), our clients' relationships with others will inevitably become more truthful, because they will be filled with Christ’s presence and more open to his influence.

Contextlessness versus Contextuality

The second characteristic of secular truth is its contextlessness (Slife, 1999; Slife, Peterson, & Larsen, 1999). By "contextlessness" we mean that the propositions of secular truth cannot be located in any particular context or situation. Although ethical codes can be represented on a particular piece of paper, the truth of these propositions does not exist in any unique location or era (e.g., the piece of paper), because it must be applicable to all locations and eras. Secular truth, then, is not in any particular situation; it lies in some metaphysical realm outside all situations. From this perspective, truth enters particular contexts when it is translated and tailored to the unique situation at hand, so it cannot already be part of that particular context in the first place.

What effect does this lack of context have on our understanding of psychotherapy? First, we must observe that therapists are never without context. All of therapy takes place in a particular context -- perhaps many, particular contexts -- but never is therapy conducted outside of particulars, whether they are the particulars of the physical context, historical context, social context, or spiritual context. There is always some essential uniqueness to the context. Consequently, therapists must contextualize the abstractions of their theories and techniques for them to be of any use. They must tailor or translate these theories and techniques into the unique context of the therapy session.

Anyone who has attempted to do this with a particular client knows how difficult it can be. In fact, the abstractions of secular truth themselves offer no help in this

contextualizing. Because theoretical propositions must be universal and transcendent of particular situations, by their very nature, they can never instruct us as to how to be particular and concrete. This is the reason supervised experience is so essential to therapy training; it provides a contextual bridge from universal abstractions to particular therapeutic situations.

The frustration of this arrangement is that two distinct sets of skills must be learned: abstraction skills and application skills. One must first learn how to understand and develop theoretical propositions that are contextless and impractical, by their very natures. Then, one must learn a completely different set of skills to apply these propositions. If this sounds familiar, it is because this is the popular theory/practice distinction that secular truth has fostered. Theory is an abstract set of principles, and practice is the application of those principles to a particular context. However, this familiar arrangement is not itself a truth; it is a Hellenistic view of truth, and thus theory and practice.

This approach to theory and practice might make sense if the principles of theory functioned as advertised, i.e., applicable to everyone in every specified situation. However, therapists have increasingly discovered the awful truth: the particulars of their therapeutic experiences reveal that these principles are not and can never be as universal as advertised. Because these principles were formulated by particular individuals in particular circumstances for particular client problems, their range of domain is too narrow. This is why, as we have shown in another article (Slife & Reber, in press), so many therapists have moved to eclecticism; they have sensed that traditional single theories are not as universal as they first had thought, so they combined these theories together into an eclecticism.

To complicate matters further, the therapist must also teach the client two sets of skills as well. Clients must first have abstraction skills to understand the principles that

supposedly underlie their behaviors. Then, clients must acquire application skills to learn how to use the appropriate application skill at the right time to effectively tailor the correct principle to the unique context at hand. Our personal experience is that our clients and our students of therapy typically have trouble with one set of skills or the other; they seem to be either too theoretical or too practical. In either case, they must supposedly have both sets to know and use the truth in their lives.

Let us now turn to the Christian counterpoint to contextlessness to see how it relieves us of the need for these skills. Perhaps it goes without saying that a concrete, embodied truth, such as Christ, cannot be a contextless truth. After all, the historic Jesus did exist in a particular time and a particular place, and thus was a fully contextual being who claimed to be truth. As Lewis notes so persuasively in his book The Problem of Pain, "Either [Christ] was a raving lunatic of an unusually abominable type, or else He was, and is, precisely what He said[-- the truth]" (p. 21). And, as we noted above, Jesus lives in the eyes of Christians. If Jesus were a fully contextual and divine Being historically, why would we presume that he can no longer be such a being after his resurrection?

Does not Christ promise us that he is with us in our particular contexts? His truth is not some abstraction, which we then have to translate into a particular context; his truth is part of the context itself -- through the Holy Spirit and through the people who have him in their hearts. If Christian truth only provides us with abstract principles or abstract divinities, then we are truly lost, because the details of how these principles get applied are crucial to what is right and wrong in a particular context. As the saying goes, "the devil is in the details."

What, then, does this contextual truth mean for the Christian therapist? Perhaps foremost, it means that the truth is present in the here-and-now of the therapeutic context; it is directly accessible to the therapist, with no abstraction or application skills necessary.

Indeed, from this perspective, it is only by letting go of case conceptualizations and theoretical principles, at least as primary authorities, and attending to the present context of the therapeutic relationship that therapists can truly know and help the client. Just as Saint Paul let go of Pharisaic law on the road to Damascus because of a disruption by the Truth (Acts 9), therapists must also allow their own ideals and theories to be disrupted by the Spirit to permit the fully contextual Christ to be acknowledged.

This acknowledgement need not be understood in explicitly religious terms. Even your nonreligious clients can take advantage of this truth, and probably already do, whether or not they realize it. Consider the pianist who must let go of her concern for the sequence of the notes -- the individual movements of her fingers -- to let the spirit of the music swell into her performance. Likewise for therapists, the abstract principles of theories can get in the way of our relationships and our “natural,” taken-for-granted sense of what to do in a given context.

The therapist can also sensitize clients to their own sense of right and wrong in the various contexts of their lives. All people, religious or not, can experience what Terry Warner (1992) describes as a “sense of what others need from us and how we ought to act toward them” (p. 12). Indeed, this may be the primary calling of the Christian therapist – helping the client to develop this sense. The first step in this development is to know what we are to sense. We are not intended to sense abstractions that supposedly exist outside the unique situations of our lives. We are intended to sense the divine being of Christ who knows the very hairs on our heads, who knows the very uniquenesses of our particular situations, and can advise us accordingly.

Unchangeability versus Changeability

The third characteristic of secular truth is its unchangeability (Slife, 1999). This characteristic implies that truth is the way it is, because it is the way it has to be. It cannot be any other way. The truth has not been changed, and it cannot be changed. It

does not change across time and it does not change across cultures. Ethical codes cannot be otherwise than they are, if they are truthful. People can, of course, lie or misrepresent the truth, but the truth itself is unchangeable.

This unchangeability has subtle but dramatic effects on psychotherapy. For instance, all good theorists have presumed that a valid theory of psychotherapy is unchangeable. Freud, Skinner, and Rogers all formulated their conceptions with this notion in mind. Whether it is ego, reinforcement, and actualization on the theory side, or transference, conditioning, or facilitation on the therapy side, the basic principles and techniques of clients and their therapy are presumed not to change. They can change in their contents -- from individual to individual -- but they must remain immutable in their basic processes.

What does this immutability do to client care? Most importantly, it focuses the therapist's attention on the unchangeable rather than the changeable. Recall that the truth is the actual state of things. This means that the actual state of the client is considered unchangeable, even though the expressed purpose of therapy is to effect change. The irony is that the unchangeability of truth leads to a focus on the stable and static aspects of clients, when the main task of the therapist is to facilitate change. Why would the therapist focus on less than the actual state? Why would a therapist focus on a changeable process, when it is presumably a secondary or even a false process?

This is the reason that clients who are diagnosed as schizophrenic, and are later free of their symptoms, are still schizophrenic but "in remission." Their schizophrenia is viewed as the truth of their condition, and thus unchangeable in principle. The interesting thing is that people with schizophrenia never really "have" schizophrenia all the time. It is only our conceptions of them, as fostered by our understanding of unchangeable truth, that never really changes. People with schizophrenia change constantly. Even those who exhibit the most psychotic of symptoms are often symptom free for certain periods of

time. The reason we give them the label of "schizophrenic" as opposed to "occasionally schizophrenic" is because therapists have been schooled to think that the real truth of the patient is constant and unchangeable. Consequently, we attend primarily to their schizophrenic episodes, rather than their lucid episodes, and think of the patient's condition as being constant.

D. L. Rosenhan (1973) demonstrated some of the problems with this therapeutic emphasis on unchangeability many years ago. Rosenhan asked several perfectly normal people to tell different psychiatric hospital staffs accurate information about themselves, except for one thing -- he asked them to say that they were "hearing voices." Immediately after being admitted to separate hospitals, these people reported that they had ceased hearing voices, and exhibited no other symptoms of abnormality. However, the average stay of these "pseudopatients," as recommended by the hospital staff, was 19 days. During this stay, their normal behaviors were constantly pathologized, and all ultimately left the hospital with the diagnosis of schizophrenia in remission.

Now we could debate the methods of the Rosenhan (1973) study, but it seems clear that diagnoses and theories do color our thinking and our seeing. In fact, there is a large program of social psychological research (e.g., Beyers & Slife, in press) that shows how frequently we confirm our own biases, and how frequently we assume that our own therapeutic propositions -- from diagnosis to treatment -- are unchangeable, in spite of evidence to the contrary.

These findings apply to our clients as well. One of us (Slife) supervised a student therapist many years ago, whose client listed her symptoms in a sad and slow manner, and confessed that her symptoms were completely puzzling to her. At the end of this list, the student therapist told his client that these were the symptoms of depression — at which point the client sat bolt upright and shouted with sheer joy, "That's it! I'm depressed." Within a few seconds, this client was back to her sad speech, and the

therapist was back to his original line of questioning. Neither therapist nor client seemed to notice the momentary change that had occurred.

When both the therapist and the client were asked about this incident following the session, neither seemed to have any awareness of the change. The therapist was looking for the things that made his client a "depressive," and the client was looking for whatever fit her conception of herself. Both held the unrecognized belief that the most profound aspects of human nature -- the truth -- are unchangeable. Momentary changes are at best secondary and more likely irrelevant.

Is the belief in an unchanging truth consonant with Christianity? We would ask you to consider that it is not. If Jesus, as the embodied truth, was himself unchangeable, then his actions would have no meaning, because he would not be able to do otherwise than he did. What would his love mean, for instance, if Christ were not able to do otherwise? How meaningful would your spouse consider your pledge of love, if you could not pledge otherwise? We can program our computers to say "I love you," but this phrase would have no meaning, because the computer could not say otherwise. Similarly, how much stock would we put in Jesus's healing of the sick or his compassion for the poor, when every action and attitude had to be the way it was -- without any choice? His agency, his ability to change, is crucial to the meaning of his actions.

It is true that we do not usually think of divine beings as being changeable. In fact, most religious people consider such holy entities to be steadfast and faithful. How, then, can we say that the truth of Christ is changeable? The key is that the ability to change one's own actions and attitudes does not preclude commitment and covenant.³ That is, Christ can be unchanging without also having to be unchangeable.

As C. S. Lewis put it in his book Miracles, "The living fountain of divine energy. . . does in fact, for us, commonly fall into . . . patterns. But to think that a disturbance of [such patterns] would constitute a breach of the living rule and organic unity [of] God . . .

is a mistake" (p. 97). In other words, the truth of Christ can form unchanging patterns, such as his trustworthiness. However, this does not mean that Christ Himself is unable to change or unable to minister to changing situations. Christ, as the truth, ministers to us where we are — in our particular context — and if this context changes, then the way he ministers to us changes as well.

In this sense, the truth itself, from a Christian standpoint, can vary from situation to situation. We are not arguing a relativism here, where ultimately "anything goes." We are arguing a changeable, absolute truth, where what is right and good and appropriate can change from context to context, with the truth of Christ as the deciding factor. In most situations, one should not steal the bread, but in some situations, it might be the right thing to do. This even applies to the Ten Commandments, as we noted earlier in the lesson of Nephi and Laban. The point is that our eyes have to be constantly on this Christian truth. We cannot assume that our knowledge of moral principles will work in the next context; the next context could be just enough different from the previous situation for the principles to be wrong. Only a constant touch with the Truth Made Flesh will suffice.

What does this mean for the Christian therapist? First, it means that the changing can be as much a part of truth as the unchanging. Christian truth is fundamentally changeable -- able to change -- though not required to change. Second, the context of the situation must be taken into account to decide the truth; what is good for one client is not necessarily good for another. What is good for one session, even with the same client, is not necessarily good for the next session.

Third, momentary changes can be fundamentally important. The brief moment of joy experienced by the depressed client (above) could have been monumentally important. Why was she so jubilant? Why then? How was it possible for her to move so quickly from despair to elation? Why did she overlook this change? How often did she

overlook it during the day? Any one of these questions could have been pivotal to treatment, yet our focus on unchangeability prevents our gaining answers to them.

Passivity versus Activity

The fourth characteristic of Western, secular truth is its passivity. That is, truth is not something that acts on its own accord. It has no will of its own, nor any means of extending itself to us. Truth propositions, such as ethical codes, presumably lie "out there" uncaringly, waiting for us to discover them. In much the same sense that truth is unchangeable, it is also quite passive and does not intervene in our affairs or reach out to us on its own. This is not to say that when we discover this secular truth, it will not change us or suggest important implications for our lives; it is to say that we must discover and comprehend this truth for it to have these effects. It does not discover and comprehend us; we must discover and comprehend it.

This need for discovery was the original impetus for methods. The passive and concealed nature of truth implied that some means was necessary to "dig" it out. Consequently, methods have become one of the hallmarks of the modern age (Polkinghorne, 1990). Some have even accused social scientists of methodolatry, making an idol of their methods (e.g., Danziger, 1990). Scientific method is, of course, the most prominent of these, formulated as it was to discover and comprehend the truths of nature (Slife & Gantt, 1999; Slife & Williams, 1995). Because these truths do not reveal themselves, we needed a method to bring these truths to scientific light.

The same rationale is given for therapeutic methods. Indeed, for many people, therapy is synonymous with the notion of method. Some type of technique is considered necessary to discern the truths of the client. For example, one of us (Slife) has known whole departments of psychology that did not know what to do with existential psychotherapy, because it consisted of no formalized methods (e.g., Yalom, 1980). This lack of a formalized method made existentialism not only difficult to understand as a

valid therapy but also difficult to view as a possible truth. The point is that the passivity of secular truth has led to the seeming necessity of some step-by-step method or treatment system.

Another implication of passivity is that the therapist and client can never be sure of the truthfulness of what the method reveals. There is an “in principle” problem that prevents this certainty: methods have to be formulated before the subject matter is investigated. In other words, the subject matter cannot be known until a method is available for investigating it. Although this may seem to make logical sense, it means that methods must make all sorts of assumptions about the nature of their subject matter, before anyone can know the subject matter. If a subject matter could be known before a method, no method would be needed in the first place. Just as a screwdriver is configured to fit screws, so too a scientific or a therapeutic method is configured to fit a particular investigative world, which is assumed before the world can be known.

Problems occur, of course, when we attempt to pound nails with a screwdriver or when we attempt to use an inappropriate therapy technique with a client. One might hope that the misfit of technique and client would be immediately detected and another “tool” employed. Certainly, this would seem to be the case with a screwdriver and a nail. However, the problem is more complicated with a technique and a client, because the technique comes with an implicit, if not explicit worldview.

The psychoanalyst, for example, actually appears to experience egos and superegos, whereas the cognitivist actually seems to experience rational and irrational beliefs. The point is that the worldview implicit in a particular method often prevents our detecting that the tool or technique does not fit the task or client. Because the theory underlying the technique must be presumed before seeing the client, and the theory directs our attention away from and toward certain events, we may never know that our

technique is wrong. This is another reason that many psychotherapists have moved to eclecticism -- to avoid being so biased.

The difficulty is that this avoidance is impossible (Slife, & Reber, in press). From the perspective of secular truth, all of us, including the eclectics, must be presumptuous about our methods. We are all caught in the trap of presuming our methods of investigation before we can know the subject being investigated. It is as if the process is backwards: common sense would say that we should get a feeling for our subject (or client) before we choose a method. However, the passivity of truth makes this impossible. We have to adopt a method to reveal the truth of the client even to get a correct feeling for the client. The technique cart is always before the subject matter horse, because the truth or appropriateness of a method can only be revealed once a method has been applied.

Thankfully, these problems do not arise with Christian truth. Jesus Christ, as the truth, is not only alive but also active. The Truth, in this sense, is seeking us as much as we are seeking it. It is -- or rather, He is -- not waiting for us to formulate certain methodologies. He is not waiting to be discovered in the passive secular sense. As Lewis put it in Mere Christianity, "When you come to know God, the initiative lies on His side. If He does not show Himself, nothing you can do will enable you to find Him."

From Lewis's perspective, Christ -- via the Holy Spirit -- is alive and active. God has intervened through his Atonement and is continuing to intervene in our particular lives, whether or not we know this Truth. Indeed, none of us would know the truth without this activity, because no human-made method would ever reveal this Truth without the Truth's willingness to be revealed. Certainly, none of us could form a personal relationship with this Truth without Him reaching for us as we reach for Him.

What does this mean for therapy? Obviously, as we have said, no special technique or method is necessary for discerning the truth of Christ. If He wishes to reach

us, and we have faith that He does, then no lack of method or even an inappropriate method will stop His reaching us. This is the reason that uneducated and unsophisticated people can be so holy and discerning; they do not need sophisticated methods and education to know the truth. They need only what the therapist and client need — receptivity to the Lord's ever-present invitations.

In fact, no explicit prayer is necessary to invite Him into the therapy context, because He is already there. This is evidenced by the fact that we so often sense what is right and good in the various contexts of our lives. Although we sometimes have ethical dilemmas, the vast majority of the time we know exactly what we should do, because He is always with us. Our continual sensing of rightness and goodness is from our Lord, from the Truth. This sensing does not demand an explicit recognition of Christ as the truth. Indeed, we see in Western culture where this sense of the ethical and spiritual is taken for granted. It is so natural, in a sense, that it is thought to be our own sense of things -- our intuition or our conscience (Slife & Richards, in press).

This lack of dependence on methods has many benefits. First, we escape the trap set by the secular notion of truth. We do not have to pick a method before knowing what we are investigating. We have a continually revealed truth that can tell us which method or technique is needed for a particular client, if any method is needed at all. Second, we are not caught in the web of pretherapeutic worldviews (or biases), at least not in the same way. We may be biased, in a sense, but with revelation we can have the right biases. The truth of Christ can break through all our inappropriate theories and conceptualizations, if we allow Him. He can instruct us in how to change with every changing context, if we are receptive to Him.

From this perspective, our main job as therapists is to facilitate or enhance this receptiveness in our clients. Again, this facilitation need not be explicitly religious in nature, such as prayers and religious rhetoric. Instead, the main task is to learn how to

love and to serve, for it is in loving and serving others that our receptiveness is honed and refined. We have the testament of many saints as evidence of this, from Mother Teresa to President Hinckley. Our relationship with our Lord is facilitated by our relationship with others. When we learn how to truly love and truly serve, we learn how Christ, the truth, is truly loving and serving us.

Conclusion

At this point, we have reviewed four major differences between Christian and secular approaches to truth. These differences manifest themselves not only in theoretical positions taken but also in therapeutic interventions employed. Secular approaches are frequently presented as if they are neutral to religion – as if they are value-free or take no position contrary to religion. This presentation is a misrepresentation. Secular approaches not only take a very definite position on therapeutic and religious issues but also have very specific consequences that are often inconsistent, if not antithetical to Christian approaches. Christian therapists, therefore, may wish to consider an approach to therapy that is more consonant with their own beliefs and values. Therapists should be appropriately sensitive to the explicit use of religious rhetoric in therapy, especially with clients who are not religious. However, this does not mean therapists cannot implicitly use assumptions and values that are more reflective of their own assumptions and values, particularly when neutral or value-free approaches are not really available.

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Footnotes

1 The list of characteristics described here is not intended to be comprehensive. Indeed, we recognize there are a number of other contrasting characteristics of secular and Christian truth that have important implications for psychotherapy, such as reducibility vs. irreducibility, comprehensiveness vs. incompleteness, and so forth (see Slife, Petersen, & Larsen, 1999).

2 Lewis's quotation here may appear to differ from an LDS perspective because the living Christ is "more objective" than a "conventional body" and not "clothed in our senses." However, Lewis's point is that Christ can be even more objective (more real) than conventionally understood, and this objectivity does not have to occur through our senses or accord with the philosophy of empiricism. Lewis's position could be consonant with a "glorified body" (ref) that is not commonly experienced through our eyes or our touch.

3 We would argue that covenants and commitments require this ability. A divine being that is changeable can truly love, because he does not have to love. He may feel he has to love in the sense of keeping his commitments, but he does not have to love in the sense of being forced to love. If he were forced, his love would be no different from a robot that is forced by its programming to act lovingly. If, on the other hand, he has real choices and possibilities, then he can truly be a moral being and thus be praised. Indeed, this is part of the wonder of the Lord's continual love for us as sinners -- He does not have to love us.

Comparing the Practical Implications of
Secular and Christian Truth in Psychotherapy

Secular Truth	Theory	Therapy	Christian Truth	Theory
Propositionality	Truth is a set of abstract propositions found in theories, ethical codes, and diagnostic systems.	Therapists must focus more attention on theoretical abstractions than the actual client, and teach clients to focus on abstract principles as well.	Concreteness	Truth is embodied in the concrete being of the living Christ with whom we can all form real relationships.
Contextlessness	Truth lies outside all locations and eras and only enters particular contexts when it is applied or translated.	Therapists and clients must learn abstraction and application skills to use theories and techniques in the particular contexts of therapy.	Contextuality	Truth is a fully contextual, divine being who is with us in our particular contexts and our particular hearts.
Unchangeability	Truth has not been changed, and it cannot be changed. It does not change across time and it does not change across cultures.	The therapist must attend primarily to the unchangeable aspects of therapy, rather than the frequently overlooked, momentary changes in the client.	Changeability	Truth may be <u>unchanging</u> in some respects, but it is not <u>unchangeable</u> . Truth can change as the context of our lives change.
Passivity	Truth does not extend itself to us and can only be known through the correct application of the right method or technique.	Therapists must rely on therapeutic methods that have implicit biases about the world, which prevent a truthful conception of what is right or good for clients.	Activity	The Truth of Christ reaches out to us in our particular context and actively seeks us as much as we might seek it.