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### Comparing the Practical Implications of Secular and Christian Truth in Psychotherapy

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*Comparing  
the Practical  
Implications of  
Secular and  
Christian  
Truth in  
Psychotherapy*

*Jesus saith unto him, I am the way, the truth, and the life:  
no man cometh unto the Father, but by me.*

—John 14:6

It is a sad fact of the psychotherapy profession that truth is rarely discussed, at least in any formal way. We recently sampled a number of psychotherapy journals in the ample 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. These journals presumably contain the formalized concerns of the discipline, and these abstracts supposedly summarize the main ideas of these concerns. Yet none of them evidenced any formal concern for truth. This lack of formal 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 the many activities of therapists. Indeed, therapists deal with truth every day as they talk about what is right or good for their clients. Even when they avoid dictating truth for their clients, this avoidance is itself a type of truth. 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, involves 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, 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. Our main contention is that this popular understanding of truth is not Christian truth. Christian therapists need to know that Christian truth is not only different from this understanding but radically different (Marshall, 1990; Palmer, 1983; Slife, 1999c; Slife & Calapp, 2000). We hasten to add that this radical difference is not merely philosophical or theological in nature. This radical difference is pivotal to who therapists are and how they practice (cf. Richardson, Fowers, and Guignon, 1999; Slife, Williams, & Barlow, 2001), 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 chapter. Secular truth originates primarily where a lot of Western intellectual culture primarily originates—Greek philosophy and culture, and thus Hellenism (Slife, 2000).<sup>1</sup> 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. Consequently, we outline how this popular notion of truth in Western culture has affected psychotherapy theories and practices.

Actually, secular truth has four distinct, yet overlapping, characteristics (see table 1; Slife, 1999a).<sup>2</sup> We realize that some of the terms 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 theory and practice. As one can also see in this table, we have outlined four contrasting characteristics of Christian truth, as verbalized primarily by C. S. Lewis (1940; 1942; 1947; 1952; 1955; see also Slife, 1999a). We also describe these four contrasting Christian characteristics and review their implications for theory and therapy.

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* understandings of psychotherapy. As we will attempt to show, it is

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1. Hellenism is also an important historical ingredient of modernism (Guntton, 1993). Therefore, this account of secular truth is more akin to modernism than postmodernism (see Slife, 1999b).

2. 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 versus irreducibility, comprehensiveness versus incompleteness, and so forth (see Slife, 1999a).

TABLE 1

## Comparing the Practical Implications of Secular and Christian Truth in Psychotherapy

Secular Truth			Christian Truth		
Attributes	Theory	Therapy	Attributes	Theory	Therapy
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 on the actual client and must 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.	Therapists focus on the actual client through sensitivity to the Spirit of the Lord present in the therapy room.
Contextlessness	Truth lies outside all locations and eras and enters particular contexts only when it is applied or translated.	Therapists and clients must learn both abstraction and application skills to use theories and techniques in the particular contexts of therapy.	Contextuality	Truth is a fully contextual, divine being who can communicate with us in our particular contexts and our particular hearts.	Therapists must allow their own conceptions to be disrupted by the particular client and the Spirit of the Lord. Clients must also be sensitized to divine communications.
Unchangeability	Truth has not been changed, and it cannot be changed. It does not change across time, and it does not change across cultures.	Therapists must attend primarily to the unchangeable aspects of therapy rather than the frequently overlooked, momentary changes in the client.	Changeability	Truth may be unchanging in some respects, but it is not unchangeable. Truth can change as the context of our lives change.	Therapists should attend to momentary changes as much as the unchanging and should be prepared to momentarily change their conceptions of the client.
Passivity	Truth does not extend itself to us and can be known only through the correct application of the right method or technique.	Therapists must rely on therapeutic methods that have implicit biases about the world, which may 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.	Through continual revelation, therapists can know what is right or good and teach clients to be receptive to this revelation as well.

these formal theories and strategies that are founded upon secular truth and that 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 the practice of such therapists, 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 (Gadamer, 1995; Kemp, 1998; Lewis, 2001; Slife, 1999a; Slife, 1999b). That is, truth is thought to exist as a set of logical propositions or, more popularly, 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 (Kimmel, 1996). In this sense, the abstract nature of such propositions makes them seem 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 diagnostic and therapeutic systems consist of abstract and logical principles. 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 implied our theories should be.

If, in fact, such theoretical abstractions are 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 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.

To even imply that Christianity violates the familiar and, in some sense, cherished secular notion of propositions and principles may be provocative. Indeed, many may assume that propositions and principles are the essence of Christianity. If so, we ask them to consider the possibility that this assumption is the encroachment of the "philosophy of men" (in this case Greek philosophy) into Christianity (Barbour, 1997; Palmer, 1983; Slife, 1999a; Slife, Hope, & Nebeker, 1999). Actually, Christian truth is easily distinguishable from secular truth, especially in light of Christ's astounding pronouncement "I am the way, the truth, and the life" (John 14:6). Notice that Christ did not say that he *knows* the truth or that he *carries* with him the principles of truth or that he *exemplifies* these

propositions. Christ said 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 Western traditions of propositional truth.

C. S. Lewis (1942) was very aware of the concrete nature of Christian truth. In the *Screwtape Letters*, for example, Lewis described 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 truth having to be a sensory experience. However, as Lewis (1955) showed, this truth is an “objective” presence nevertheless (p. 221), one that allows us to converse with it and form a relationship with it. We have, declared Lewis (1955) 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” (p. 220).<sup>3</sup>

Such a claim should not be surprising to a Christian. Christians consider the historical Christ, as the Word Made Flesh, to continue to live, so 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 therapists may have enjoyed learning their favorite theory of therapy. However, few 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 the embodied truth of Christianity 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 (1952) writings in *Mere Christianity*: “Let me make it quite clear that when Christians say the Christ-life is in them, they

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3. Lewis’s quotation here may appear to differ from some Christian perspectives. However, Lewis’s point is that Christ can be 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” that is not commonly experienced through our eyes or our touch.



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).

In this sense, Christ can operate through therapists by leading them to focus on their clients, rather than on any abstraction of their clients. Just as Christ supersedes any principle that might be ascribed to him, therapists’ clients supersede 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 the client as a person rather than as 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. Such a move is accomplished only with the help of Christ himself, through the Holy Spirit. That is, the living, concrete being of Christ must be “in us,” as Lewis said, to form the type of relationships of which we are speaking. We read in John 1:9 that “the light of Christ lighteth every man that cometh into the world.” Therefore, whether or not Christ’s presence is acknowledged, he is nevertheless present in the broad therapeutic context and in our relationship with the client, inviting both of us to the good, inviting both of us to truth. As Christian therapists, we must become sensitive to His invitations, which can occur only if we first reject the idea that truth consists of abstract theories.

We do not advocate the rejection of theories altogether. 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—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 Peter who was commanded in a vision to slay and eat animals that were unclean according to Jewish law. Initially, he refused to do so because it violated his principles (Acts 10:14). Indeed, it violated a widely accepted theory and principle of his day described in Leviticus 11. Like many cherished therapeutic principles, this principle was considered truth, even the God-given truth. Yet Peter was not stymied by this moral dilemma because he knew that the concrete, experienced Christ superseded any principle, even a principle that Christ himself may have offered at one time. Thus, when a voice in the vision told Peter, “What God hath cleansed, that call not thou common” (Acts 10:14), he was prepared to obey the Lord, even if it violated this cherished Jewish principle. Later, when Peter was invited by Cornelius, a Gentile, to preach the gospel to him and his household, the meaning of the vision became clear, and he went and did so, saying:

Ye know how that it is an unlawful thing for a man that is a Jew to keep company, or come unto one of another nation; but God hath shewed me that I should not call any man common or unclean. Therefore came I unto you without gainsaying, as soon as I was sent for. (Acts 10:28, 29)

If Peter had relied solely on his principles—whatever their source and however helpful they might have been—he would have been closed to the moment-by-moment commandments of Christ. Peter’s experience helps us to see that there are two types of commandments: the abstract propositions of secular truth and the concrete, moment-by-moment, 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 contact with our Lord and Savior because these commandments come directly from his “voice” (Acts 11:9), as Peter put it, and not from a list of abstract principles.

Therapists must be as sensitive as Peter to the Lord’s guidance and equally ready to violate our cherished theories and case conceptualizations. Good therapists already know this antiprinciple, because they know how easy it is for them to be fixed on a particular logical strategy in therapy and to become less responsive to their

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 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 meek, submissive, and humble, as admonished by James (ch. 4), the clients' relationships with others will inevitably become more truthful because they will be filled with Christ's presence (as discussed above) and more open to his moment-to-moment influences.

### **Contextlessness versus Contextuality**

The second characteristic of secular truth is its contextlessness (Baudet, Jean-Larose, & Legrose, 1994; Bernstein, 1983; Slife, 1999a; Slife, 1999b). 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, does not reside in any particular situation; it exists in some metaphysical realm outside all situations. Therefore, this truth enters particular contexts only when it is translated and tailored to the unique situation at hand, so it cannot already be part of that particular context.

This lack of context for secular truth has important implications for therapy. Perhaps most importantly, all therapy takes place in a particular context—perhaps many particular contexts. However, therapy is never 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 and particularize their theories and techniques for

these abstractions and universals to be of any use. That is, therapists must tailor or translate these theories and techniques into the unique context of the therapy session.

As most therapists will attest, this tailoring and translating are not easy tasks (Austen, 1997; Slife & Reber, 2001). In fact, the abstractions and propositions of secular truth (e.g., validated theory) offer no help in this contextualizing. Because theoretical propositions must be universal and transcendent of particular situations, they cannot by their very nature instruct us about how to be particular and concrete. This is the reason supervised experience is so essential to therapy training; it provides a contextual bridge between the universal abstractions of theory and the particular concreteness of practice.

The difficulty of this arrangement is that therapists must learn two distinct sets of skills: 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 arrangement 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 implication of truth and thus of theory and practice.

This approach to theory and practice might make sense if the principles of theory functioned as advertised (i.e., they were applicable to everyone in every specified situation). However, therapists have increasingly discovered a problem: the particulars of their therapeutic experiences reveal that these principles are not and can never be as universal as they are supposed to be. Because these principles were formulated by particular individuals in particular circumstances for particular client problems, their range of domain is inevitably too narrow. This shortcoming is why, as we have shown in another article (Slife & Reber, 2001), so many therapists have moved to eclecticism; they have sensed that traditional single theories are not as universal as they first thought, so they have combined these theories together into an eclecticism.

To complicate matters further, the therapist must also teach the client two sets of skills. Clients must first learn abstraction skills to understand the principles that supposedly underlie their behaviors. Then, clients must acquire application skills to know how to effectively tailor the correct principle to the unique context at hand. Our personal experience is that clients 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 eventually learn both sets of skills to know and use secular 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 existed in a particular time and a particular place and thus was a fully contextual being who claimed to *be* truth. As Lewis (1940) noted 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 [truth]” (p. 21). And, as we noted above, in the eyes of Christians, Jesus lives. If Jesus was 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 provides us only 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.”

The contextuality of Christian truth means that it 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 acknowledgment need not be understood in explicitly religious terms. No religious rhetoric is necessary to sensitize clients to the Holy Spirit or Light of Christ. This sensitivity may be framed as “developing a conscience” or facilitating one’s “moral responsiveness.” The point is that even nonreligious clients can take advantage of this truth and probably already do, whether or not they realize it. Consider pianists who must let go of their concerns for the sequence of the notes—the individual movements of their fingers—to let the spirit of the music swell into their performance.

Likewise for therapists and clients, the abstract principles of theories can get in the way of their therapeutic relationships and their “natural,” taken-for-granted sense of what to do in a given context. All people, religious or not, can experience what Terry Warner (1992) described 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 and thus the very uniqueness of our particular situations and can advise us accordingly.

### **Unchangeability versus Changeability**

The third characteristic of secular truth is its unchangeability (Guthrie, 1975; Russel, 1972; Slife, 1999a). 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. 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 truth, but 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. Although such theories

often consider how people change—how they develop and become the way they are—true and valid theories concern the more basic, supposedly unchangeable, patterns that govern this development or becoming. Theorists Freud, Skinner, and Rogers were all concerned with change, yet all three men postulated theories and techniques regarding this change that were themselves supposedly unchangeable and universal across time (different eras) and space (different cultures). Whether ego, reinforcement, or 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. The reason is that the truth of change itself—the reality “behind” change—is thought to be immutable.

Unfortunately, this immutability focuses the therapist’s attention on the unchangeable rather than the changeable. Because truth is the actual state of things, the actual state of the client is unchangeable, even though the expressed purpose of therapy is to effect change. The paradox 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. If therapists focus on their main task, they cannot focus on the truth—the actual state—of the client. If, on the other hand, therapists focus on the truth of the client, then this supposed immutability prevents the therapist from changing the client’s actual state—the therapist’s main task. This paradox 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 problem 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 change. People with schizophrenia change constantly. Even those who exhibit the most psychotic of schizophrenic symptoms are often symptom free for certain periods of time. The reason we give them the label of “schizophrenic” as opposed to “intermittently 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 nineteen days. During this stay, their normal behaviors were constantly pathologized, and all ultimately left the hospital with the diagnosis of schizophrenia in remission.

We could debate the methods of the Rosenhan (1973) study, but it seems clear that diagnoses and theories do color our professional thinking and our perceiving. In fact, there is a large program of social-psychological research (e.g., Beyers & Slife, 2000) 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 (see Myers, 2002 for a review).

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—truth—are



unchangeable. Momentary changes are at best secondary and more likely irrelevant.

Interestingly, this widespread belief within psychotherapy is inconsistent with Christianity. If the living Christ, as embodied truth, is himself unchangeable, then his actions would have no meaning because he would not be able to do otherwise than he did. What would Christ's love mean, for instance, if he were not able to do otherwise? How meaningful would your spouse consider your pledge of love if you could not pledge otherwise? We could 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, if every action and attitude was programmed—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 Christ, as the truth, is changeable? The key is that the ability to change one's own actions and attitudes does not preclude commitment and covenant.<sup>4</sup> That is, Christ can be unchanging without also having to be unchangeable.

As C. S. Lewis (1947) expressed 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 truth, ministers to us

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4. 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 that of 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.

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, 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 changeability applies even to previously decreed “commandments,” as we noted earlier in the example of Peter and the Gentiles. The point is that our eyes have to be constantly on this embodied 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 contact with the Truth Made Flesh will suffice.

For the Christian therapist, this means first 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 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 and final 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 principles, 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. It can perhaps change us or suggest important implications for our lives, but it cannot do so until we discover and comprehend it. Secular truth 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 implies that some means are necessary to “dig” it out. Consequently, methods have become one of the hallmarks of the modern age (Polkinghorne, 1990). Some critics have even accused social scientists of methodolatry, that is, making an idol of their methods (Danziger, 1990). The scientific method is, of course, the most prominent of these, as it was formulated to discover and comprehend the truths of nature (Richardson, Fowers, & Guignon, 1999; 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 method. 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 method (Yalom, 1980). This lack of 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 certain 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 (and truth can be known). This sequence of method before truth means that researchers have to make assumptions about the nature of the subject matter—biases about how and what to study—before its investigation can even begin (Gadamer, 1995). Therefore, method and investigation are not only necessary, from the perspective of secular truth, but also inherently biased. Just as a

screwdriver is configured to fit screws, so, too, a scientific or a therapeutic method has to be 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 treat clients with an inappropriate therapy technique. One might hope that the misfit of technique and client would be immediately detected and another “tool” employed. Certainly, this quick detection 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 us from knowing that the tool or technique is not fitting the task or client. Because the theory underlying the technique must be presumed before seeing the client and because the theory directs our attention away from and toward certain events, we may never know that our technique is wrong. This bias of a theory is another reason that many psychotherapists have moved to eclecticism—to avoid being so biased.

The difficulty is that this avoidance is impossible (Richardson, Fowers, & Guignon, 1999; Slife & Reber, 2001). 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 (Taylor, 1979). Even a series of seemingly successful investigations can still be misfit and biased. (For example, a screwdriver could pound a few nails.) It is as if the process is backwards: common sense would seem to say that we should get a feeling for the truth of our subject (or client) before we choose a method. However, the passivity of truth makes this common sense 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 truth*, is not only alive but also active. 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 (1952) 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” (p. 144).

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 recognize this Truth. Indeed, none of us would know 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.

In therapy, this type of activity implies that 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 truth. They need only what the therapist and client need—receptivity to the Lord’s ever-present invitations.

No explicit prayer is even necessary to invite the Lord into the therapy context, because he is already present in one way or another. This presence 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 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, 2001).

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 world-views (or biases), at least not in the same way. We may be biased, in a sense, but with revelation we can know the right biases. Christ, as the truth, 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 receptivity in our clients. Therapist humility is also crucial, because real change—real “cure” in the therapeutic sense—stems ultimately from our Lord and thus from therapist receptivity to Him. Again, this facilitation of receptivity with clients and therapists need not be explicitly religious in nature, such as the use of prayers and religious rhetoric. This would allow clients who are not formally religious to partake of this receptivity. The main task is to teach clients, however religious they may be, to love and to serve, for loving and serving others hones and refines our receptivity. Of course, the more that therapists and clients learn about Christ’s love (through this receptivity), the more that therapists and clients will desire to love and serve others. We have the testament of many saints as evidence of this loving method, from Mother Teresa to President Hinckley. Our relationship with our Lord is facilitated by our relationship with others (and vice versa). As 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 therapeutic theories 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, value-laden 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. These therapists should be appropriately sensitive to the explicit use of religious rhetoric in therapy, especially with clients who are not religious. However, this sensitivity does not preclude the use of assumptions and values that are more reflective of the therapists' own assumptions and values, particularly because neutral or value-free approaches are not really available.

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