

**TRANSCENDING THE LIMITATIONS OF WORLDVIEW
AND ACHIEVING MENTAL HEALTH, SELF-ACTUALIZATION, AND TOLERANCE
THROUGH RELIGIOUS PSYCHOTHERAPEUTIC METHODOLOGIES:
A CALL FOR SCIENTIFIC INVESTIGATION**

(submitted to the UNESCO World Philosophical Forum in October 2010)

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The term worldview, or *weltanschauung* (Carnap, Neurath, & Hahn, 1929), has often been used ambiguously in philosophy, theology, anthropology, psychology, and education (Bahm, 1979; Heylighen, 2000). However, Leo Apostel provides a cogent definition of worldview as “the coherent collection of concepts allowing humans to construct a global image of the world, and in this way to understand as many elements of experience as possible” (Apostel & Van der Veken, 1991, p. 17). Worldview incorporates: (a) ontology, i.e., a model of reality; (b) explication, i.e., a model of the past; (c) prediction, i.e., a model of the future; (d) axiology, i.e., a theory of values; (e) praxeology, i.e., a theory of actions, including self-defeating / limiting behaviors; (f) epistemology, or theory of knowledge, and moreover, restrictive personal false belief systems; and (g) *metapoiesis*, i.e., the creation of worldview in nature, nurture, and existential choice(s) or volition(s) (Aerts, Apostel, De Moor, Hellemans, Maex, Van Belle, & Van der Veken, 1994; Joslyn, Heylighen, & Turchin, 1993; Naugle, 2002). All of these models are interactionist in nature. A general examination of the impact of religious psychotherapeutic methodologies on transcending the limitations of worldview and achieving mental health, enlightenment, self-

actualization, and tolerance reveals that these methodologies are (a) archetypal, (b) related to social representations as therapeutic processes, and (c) central to the spiritual experience in theistic mysticism, as exemplified in Eastern Orthodox Christianity and Islam, polytheistic mysticism as embodied in Hinduism, and non-theistic, or monistic mysticism, as epitomized in Buddhism (Broad, 1924; 1947; 1958; Descartes, 1637; Kant, 1781; 1788; Körner, 1969; McCullough, Larson, & Worthington, 1998; Ricoeur, 1979; Richards, & Bergin, 2000). The common characteristics and variations between the religious psychotherapeutic methodologies found in the mystical traditions of these 4 ancient world religions can be documented and compared, as can their effectiveness in transcending aggregates of form, feeling, perception, mental formation or volition, and consciousness, which leads to transcendence of the limitations of the imprisoning worldview, and the development of a new, healthy, enlightened, self-actualized and tolerant *phronema*, or worldview (Wang, 1986). Such an examination can represent yet another step in disentangling the mystery of the relationship between religion / spirituality and mental health, enlightenment, transcendence, self-actualization, and tolerance, which may assist in promoting interreligious and inter-ethnic understanding (Heylighen, 1997; Seligman, 1998). Ultimately, it may also offer insight into the ways in which religious psychotherapeutic interventions can be applied and utilized, in a non-sectarian manner, to enhance mental health, and to promote wisdom, understanding, enlightenment, self-actualization, and tolerance in both the religious and general populations (Newell & Simon, 1972).

The ever-increasing compartmentalization and fragmentation of modern civilization has generated enormous interest regarding methods of holistic healing and methods of achieving wisdom and self-actualization. Contemporary worldviews, which are imprisoned by, and entrenched in, individualism and which are mysticalologically pathological, in that they deny, or

fail to perceive the mystical connection or relationship between the spiritual and / or psychic and the physical world (including events, actions, or behavior), separate the individual from both community and ontic reality (DiLeo, 2007). This spawns an alienating and distressing social order, bereft of communal character, which offers little opportunity for intercommunion and / or connectivity, resulting in general dissociation, i.e., the internal / mental process that severs the connection between an individual's thoughts, memories, feelings, actions, and / or sense of identity and responsibility, and erodes the possibilities for attaining full personhood and true self-consciousness in terms of spiritual, psychological, emotional, intellectual, and social achievement (Hergenhahn, 2005). The results are devastating and lead to cognitive dissonance and / or distortions, including: (a) selective abstraction, i.e., the focus on one event or situation at the exclusion of all others; (b) arbitrary inference, i.e., drawing conclusions that are not supported by facts; (c) personalization, i.e., attributing personal intent to an event and / or situation; (d) polarization, i.e., perceiving and / or interpreting events or situations in 'all' or 'nothing' terms; (e) generalization, i.e., the tendency to see things in 'always' or 'never' categories; (f) demanding expectations, i.e., personal opinions or preferences that are transformed into rules that must be obeyed; (g) catastrophizing, i.e., the perception that something is utterly terrible or awful; and (h) emotional reasoning, i.e., the perception that feelings are facts (American Psychiatric Association, 1994; Gershenson, 2007). These distortions are often accompanied by reduced self-capacities, including (a) characterologic difficulties associated with identity, emotional, and attachment / relational schemata, etc. and (b) inadequately developed affect and / or tolerance regulation skills. In turn, these are a fertile breeding ground for numerous spiritual, psychological, emotional, and behavioral pathologies. Ultimately, humanity is in need of a pressing remedy. However, this sickness is not solely

neurological or psychological, but ontological, (i.e., it touches the very being), and eschatological, (i.e., it points to the genuine need to move beyond 'ordinary' reality to epistemic reality through energetic union with the transcendent).

In the face of the reality of this ontological and eschatological 'now', and using the terms of psychological normality, homeostasis, and / or adaptive behavior, religious and mystical methodologies, reflecting the modern psychotherapeutic sciences (Corsini, & Wedding, 2000), propose a balance, in which there is a synergy between the transcendent and the earthly, i.e., between the discursive intellect and the heart, as a direct result of an interactive cooperation between the human mind and the human transcendent apperceptual power or spiritual faculty. This is over and above the normal, homeostatic, and / or adaptive condition that emerges from the therapeutic resolution of tension between destructive and constructive elements, (i.e., between pathology and health, and / or maladaptive or adaptive aspects of the psyche), the personality, and the restoration of emotional, psychological, intellectual, and psychic equilibrium. Religious psychotherapies are therefore holistic methods established in the apophthegms, or maxims, of religious teachers throughout the millennia, for the (a) healing of spiritual, behavioral, and / or psychological disorders and pathologies; (b) restoration of spiritual and mental health; (c) achievement of wisdom and true 'self-consciousness' and full personhood through the psychotherapeutic interventions of catharsis or purification, illumination, and union; and (d) achievement of an enlightened worldview and self-actualization.

Religious psychotherapies are primarily phenomenological in nature, i.e., they are based upon existential experience and focus. Through purification and illumination, wo/man moves either to the apex of (a) *enosis* in Eastern Orthodox Christianity, i.e., union or ontological divinization; (b) *al-fana*, i.e., self-annihilation in Islam; (c) *mokṣa*, i.e., liberation in Hinduism; or

(d) *nirvana*, i.e., annihilation in Buddhism. All are equated with the attainment of infinite bliss, knowledge, wisdom, and perception. These processes, i.e., the theories and methodologies used by ancient religions across the world in the process of transcendence and self-actualization, are expressions of therapeutic archetypes, and if viewed in the modern context, would be considered philosophical schools of psychotherapy. Indeed, despite, and notwithstanding, the differences in religious doctrines, many core spiritual / religious values are inherently associated with archetypal treatment methods. Ultimately, religious doctrine, which is a means to an end, calls for the acquisition of self-knowledge and transcendence of the imprisoning and captive worldview, created by nature, nurture, and existential choice(s) or volition(s), and the transformation to full personhood, humanity, and a healthy relationship with the world and others, which in turn, is the manifestation of an enlightened and self-actualized *phronema*.

The premise can be found almost universally throughout religious psychological and psychotherapeutic thought, and is both symbolical and interactionist in nature. Accordingly, an ordinary human being is not, in reality, human, but rather a pseudo-rational animal with an undeveloped consciousness. S/he therefore relates to him/herself, the world, and others inadequately. The self is fragmented. It is no longer one but rather a multitude of independent, contradictory desires. Similarly, each 'self' contains many expressions of 'I' and numerous aggregates of form, feeling, perception, mental formation, volition, and consciousness. Each need and desire is an 'I', and each 'I' has its own specific causes and conditions that lead to its personification at particular times and places, and in different situations. True humanity and personhood are the result of the awakening of consciousness to fullness and the unifying of personality through multiple analogous processes, which are, in part, outlined in religions across the world (Russell, 1988).

The ultimate purpose of religious psychotherapy is therefore to dissolve the psychological aggregates that have been accumulated and that are manifested in the imprisoning and captive worldview (Vlachos, 1993). This psychological transformation requires ‘mystical’ or ‘psychological’ death. In order to achieve psychological transformation or self-actualization, extensive religious psychotherapeutic methodologies, which include self-observation, diet, ascetical practices, prayer / meditation, and posture, and which tap into archetypal psychotherapeutic principles, are taught and recommended by religion (Polya, 1957). The goal of this psychological work is the awakening of consciousness and ultimately the achievement of an integrated worldview, enabling wo/man to relate meaningfully with the world and others (Chrysostomos, 2007; Heylighen & Bernheim, 2000).

Therefore, the scientific exploration of the relationship between the expressions of psychotherapeutic methodologies in different religious traditions and the transcendence of imprisoning or captive worldviews may assist in demystifying, and bridging, the discourse of disunity that envelops the discussion between religious confessions and the hypothetically different paths to transcendence (Popper, 1958; Sue, & Sue, 2003; Shackel, 2005). This, in turn, may lead the way to the identification and / or development of broader integrated metapsychological paradigms, based upon empirically supported methodologies, resulting in a wider mutual recognition / acceptance and respect between ancient religions, and their religious alternatives / compliments to conventional psychotherapy, psychological work, and the achievement of transcendence, self-actualization, and tolerance (Rescher, 2001; Richards, & Bergin, 1997; Wolters, 1989).

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