

CLIMBING JACOB'S LADDER:  
COLLECTIVE ACTION AND HUMILITY  
IN PHILOSOPHICAL PRACTICE AND PSYCHOTHERAPY

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**Abstract:** In this paper, I speak of the particular prayerful attitude that is the dynamic core of collective action in philosophical practice and psychotherapy. I use the term psychotherapy inclusively because I believe that there is no sustainable difference between the two, and that any insistence on philosophy somehow representing a separate realm of counselling that deals with “values”, as opposed to psychotherapy, which, supposedly, deals with “cerebral issues”, is untenable. Neither does philosophical counselling deal only with values, nor does psychotherapy deal only with pathology or “cerebral issues”: both deal with both. It is quite a different question whether every psychotherapist is equipped, able, or willing to address all kinds of issues in therapy, such as those of psychosis. It is a matter of knowledge, personality, sensibility, personal talent, training, and taste. Psychotherapists, however they call themselves, must deal both with values and with pathology. And they do so. Disciplinary cocoons and professional “turfs” do not change this fact of life: they serve little but to offer comfort to the practitioners. Our clients do not care what we call ourselves. They see us through our personalities, skills, and erudition, all of which determine whether or not we are able to help them. The paper argues that what facilitates inroads in philosophical counselling and in traditional psychotherapy is very much a combined sense of Lacanian insufficiency, or personal “lack”, on the one hand, and the collaborative expectation of what Maria Zambrano calls a “clearing,” of what with a religious attitude one calls a blessing or empowerment from above, on the other hand. There are major similarities between these collaborative intellectual efforts and prayer that are the crux of my argument here.

**Keywords:** philosophical practice, psychotherapy, counselling, prayer, collective action

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## COLLECTIVE ACTION

The power of collective effort and consensus has been researched thoroughly and explained extensively in a variety of contexts, not only in motivating constructive action. For example, although the vast majority of soldiers normally feel repugnance to killing another human being and, even when their life is at stake, will try to avoid, if at all possible, firing at enemy soldiers, the factor that most forcefully determines their willingness to fire and kill is not danger to themselves, but their partaking in the collective will of a group that is structured hierarchically and responds to organizing orders by superiors.<sup>1</sup> In the soldier's normal world, the actual modal world one lives in, in most cases, it is inconceivable to kill another person. In early modern wars, when muskets were used (a musket was loaded through the barrel with powder and a bullet and could only fire once before having to be loaded again), soldiers in the havoc of battle were observed by officers for regularly firing and, accordingly, loading their muskets. After many battles, numerous muskets were found thrown on the battlefield that were loaded 3, 4 or 5 times. These soldiers could not overcome their repugnance to killing, but had to conform to the expectation to be seen as firing: thus, they loaded their muskets repeatedly whilst not firing even once. In My Lai, in Vietnam, when a lieutenant commanding a unit that committed one of the well-known war crimes told his soldiers about the imprisoned Vietnamese civilians: "you know what to do with them" and left, nothing happened. When he returned and asked the soldiers why they had not killed the civilians, they responded that they did not think this was what he had ordered them to do. Lieutenant Calley then said: "I want them dead" and started firing at the civilians. This is when the soldiers started firing as well. The pressure of the group and group action carried them over the threshold of their individual repugnance to killing. The above gruesome examples are the opposite side of the power of collective will that, in its constructive shape, manifests through a common effort to enact change and moral improvement. Collective prayer is the opposite to collective pressure to commit an atrocity: it is the harvesting of many individual wills in unison and powerful synergy to bring about a different modal world, one of light and sometimes almost miraculous change. This is the mechanism of modal world shifting that Johan Galtung describes and that is at work in psychotherapy as well. One interesting perspective on how to understand the effectiveness of prayer as communication, on an energy level, is to consider what draws us to prayer. One does not decide to pray because one has rationally chosen to do so as a practical way to achieve some results. To the contrary, we are drawn to prayer when we face the borderline experiences and moods in our lives: when rational considerations either fail, or prove to be futile

<sup>1</sup> Dave Grossman, *On killing: The psychological cost of learning to kill in war and society*, New York, Little Brown and Company, pp. 151–161.

and unable to address our inner emptiness, even if they are instrumentally effective; when we face brutal loss (such as the loss of loved ones, or loss of health, or imminent loss of own life or limb), when we think about the approaching death (and death, for all of us, is always approaching, in every moment of our lives, not just as an inevitable end to that life, but also as an increasingly close, emotionally charged existential prospect and the associated experience of suffering and potential emotional loss of the world). These are situations which draw us closer into who we really are. Interestingly, these situations show just how fundamentally irrelevant our rational thought is when it comes to the issues which really matter. Almost identical circumstances draw us to psychotherapy, namely a situation described by Scot Peck as “being stuck”, or finding oneself out of one’s depth in facing life’s challenges. The latter is simply a more psychotherapeutically phrased formulation of the usual precursors to our resorting to prayer.<sup>2</sup> In order to reach the collaborative attitude, a particular figurative physical relationship between the collaborators is necessary, namely what Ran Lahav calls a “hip-to-hip” position of both participants in the collaborative relationship facing the object of their collaboration, or the reality they are dealing with.<sup>3</sup> Contrary to this, the traditional physical positioning of the participants in a philosophical counselling or psychotherapeutic process is the face-to-face one. This is potentially a position of confrontation. When we first face each other, we often become fascinated by the wisdom, articulateness and authority of the therapist, or with the vulnerability, delicacy or moral sensitivity of the client. In the “face-to-face” relationship, we first assume that the other person is ideal, and then we gradually “check” the boxes whereby we necessarily find that the person is far from perfect, and this leads us to a “realistic” picture, which destroys all the magic of our first encounter. The problem with this approach is that it is not the way human relationships operate in organic communities; it is not the way we have been structured to live together. Rather, the way to prosper and to preserve the magic is to simply welcome the other person into your life without looking too closely at the details of what you thought of him or her, and what he or she really is compared to what you thought. Instead, the focus ought to be on things to be done together, on whether that person can fill the space in your life which strives for a greater self-realization, for the achievement of various external goals, and whether both you and that person can grow within your relationship as persons, and not be examined as newly acquired pieces of real estate. The collaborative position involves an element of what Jacques Lacan described as insufficiency, or inadequacy. It is the sense of inadequacy that facilitates the humble, prayerful attitude that characterizes the

<sup>2</sup> Scot Peck, *The road less travelled*, New York, Simon and Schuster, 1997, pp. 43–49.

<sup>3</sup> Ran Lahav, “The philosophical gardener: A new paradigm for philosophical practice”, in Lydia Amir (ed.), *New frontiers in philosophical practice*, Newcastle upon Tyne, Cambridge Scholars Press, 2017, pp. 34–54.

intellectual or emotional quest that characterize philosophical counselling and psychotherapy.<sup>4</sup>

### THE ROLE OF INADEQUACY IN PRAYER AND THERAPY

The crucial experiential aspect in prayer is the attitude one takes: it is contrary to the attitude of “dignity” and “pride” which is usually associated with rational debate, where we fight for our opinions and views and desire to prove them correct as opposed to others’. In prayer, being “right” does not matter at all: what matters is attracting the mercy of God, namely admitting one’s own faults and fallacies and showing as broad as possible an openness to God’s intervention, whatever that intervention might be, including our own death. Only such an attitude in prayer leaves the person susceptible to change sufficiently to experience a miracle.<sup>5</sup> The person who prays whilst believing in one’s own righteousness will hardly reap the benefits of prayer. Such prayer is little more than a recitation. It is a waste of time. Similarly in therapy, one of the preconditions for success is that one approaches the relationship with the therapist with an awareness that the task of therapy is not to confirm that one is right or wrong, or just to help one recapture a sense of own self-worth, even empowerment (and these are often misguidedly suggested aims of therapy by the therapists themselves). The purpose of therapy is the same as the purpose of prayer: to strip oneself naked before the truth and seek self-change in the face of awareness of one’s ultimate inadequacy. This inadequacy is existentially built into our very identity. We are all fundamentally inadequate.

We are fundamentally inadequate because we are weak to fulfil the values which we tend to posit before ourselves as guiding lights. Thus, we often see our failures and the pain which we experience in life as the results of our misguided choices and inability to live up to our own and the expectations of others. When King David weeps in his Psalms before God about his troubles and the powerful enemies he faces, he relates those to his sins and inadequacies. King David was the king of Israel, the most powerful person in the land. The tone of his Psalms shows anything but power: it shows the repentant and submissive mood of a weak and vulnerable human being throwing himself at God’s mercy. This came after abuses of power that David had committed. Among his other transgressions, he had orchestrated the death of his best friend, a Jewish general, whom he had sent on an impossible military mission, to a certain death, because David had been having an illicit affair with the general’s wife, the beautiful Bathsheba, whom he subsequently

<sup>4</sup> Deepak Chopra, *Ageless body, timeless mind: A practical alternative to growing old*, New York, Harmony Books, 1993.

<sup>5</sup> Elena Bendien, Dirk J Kruijthoff, Cornelis van der Kooi *et al.* “A Dutch Study of Remarkable Recoveries After Prayer: How to Deal with Uncertainties of Explanation” *Journal of Religion and Health*, vol. 6, no. 6, 2023, pp. 1731–1755. <https://doi.org/10.1007/s10943-023-01750-6>.

married after the death of her husband. In psychology, this phenomenon has become officially known as “the Bathsheba syndrome”. In his 2014 book *The Psychology of Power* (Palgrave Macmillan), Jaap van Ginneken describes the pathologies of power in leaders through chapters successively entitled according to the Biblical “seven deadly sins”, in the following order: lust, gluttony, greed, wrath, folly, denial, and pride.

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

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

It is the inadequacy of the therapist as a human being, more precisely his perception and acknowledgement of his inadequacies, combined with the inadequacy of the client, which makes for a true organic community of prayer. This is why the rules and boundaries in therapy are fluid and susceptible to change, depending on the human touch and the reception of values in a therapeutic relationship. Only with the recognition of one’s inadequacy can one mend another’s inadequacy, by joining side by side, and not face to face, in seeking a solution to the problem at hand, and to the broader and deeper problems both the therapist and the client face daily, a part of which is any specific issue with which the client arrives for counselling. It is this wider, comprehensive understanding of our relationship that truly heals, rather than any “expertise” or “professional intervention” that the therapist can apply on the client. In fact, in most highly successful “interventions”, the very technique is merely an appearance, while the substance and the true effectivity of change arises from a deep relationship

between the two and their mutual recognition of their insufficiencies. In Jungian psychoanalysis, the concept of “participation mystique” accounts for the effectiveness of the therapeutic process that is in fact opposed to the scientificity of the emphasis on a therapeutic technique: this principle has been expressed in the idea that it is the relationship that heals, not technique or specific interventions.

In a seemingly paradoxical sense, we are only enough for another when we are aware that we are in principle not enough. The sense of having resolved some of our own issues, which we often have after apparently “helping” someone else to resolve theirs, is a powerful indicator of what force is operative here. It is a force greater than the therapist, greater than the therapist’s knowledge or therapeutic prowess; the same force that makes for the calling into existence, or actuality, of different modal worlds when we are able to envision them and desire them without reservation, however with the awareness that we alone, with our resources, our reasoning and our skills, cannot achieve the switching of our reality to a different modal world, in the way we desire. Therapy is mystical in the same way and measure as prayer is. Yet it is empirically so close and simple to most of those who have undergone it that it is difficult for them to even doubt that good therapy helps. Likewise, to the faithful, it is almost ludicrous to even think that good prayer has led to the improvement of the lives of those who pray.<sup>6</sup> There is a mystical immediacy of both therapy and prayer that are seen as altering our existential experiences. When we undergo therapy, in a sense, we manipulate the same energy and the same unconscious realities which we work with when we pray. In fact, it is this humility in therapy, which is the same as the humility of prayer, that accompanies therapeutic success. This is the foundation of Lacan’s conclusion that any “master discourse”, any arrogance and belief that a therapist can actually do something of their own devices and knowledge, is doomed to failure in therapy. The perspective of humility makes prayer possible, and at the same time it opens the structural vision of how we must relate to one another in order to generate successful organic communities, whether they are simply two-member therapeutic relationships or more numerous family, peer or political communities that have healing powers. The perspective is associated with a focus on the joint goal, rather than a focus on each other, of one participant on another participant’s troubles or “complaints” in therapy.

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

<sup>6</sup> Michael Eigen, “Variants of mystical participation,” in Mark Winborn (ed.), *Shared realities: Participation mystique and beyond*, Skiatook, Fisher King Press. 2014, pp. 130–143; Francois Martin-Vallas, (2014). “The transferential chimera and neuroscience”, in Mark Winborn (ed.), *Ibidem*, pp. 186–219.

and the awareness of our fundamental inadequacies, both to the therapeutic work and to life in general.

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

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

### **THE PRAYER-LIKE MANNER OF HEALING RELATIONSHIPS IN GENERAL**

One person who suffers a manic episode will be exceptionally agreeable to everyone: they will laugh, crack jokes, try to please everybody present, and show their own vulnerabilities. Another person, apparently suffering from the same "disorder", will have to be restrained to prevent them from hurting or killing others. The deep value structure and deeper personality traits determine the exact way in which we will behave under different "disorders", in the same manner as they direct our reactions when we face adverse life circumstances and experiences.<sup>7</sup>

<sup>7</sup> Gordon Claridge, "Personality and psychosis", In Philip J. Corr and Gerald Matthews (eds.), *The Cambridge Handbook of Personality Psychology*, Cambridge, Cambridge University Press, 2009, pp. 631–648.

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

The way in which we approach the other person in counselling and therapy can be accurately portrayed in our physical relationships to them: with a depressed person, who has issues with self-worth, a hip-to-hip approach heals because it allows our mutual strengths to be pooled together to strive towards common goals, including the well-being of the person we work with. This is a relationship which resembles prayer: we seek something together, and we are aware that this “something” can only come from above, from an external source which we do not understand, and we do not even try to understand it. However, we are aware of it, and we know that all good things occur when we pool our work, energy, and expectations together, while remaining open to a flash of sudden resolution.

Most situations in life that bring individuals to counselling are impossible to resolve by their own devices. It is mere ideology to assume that “we are the masters of our destiny” and that we can resolve all our difficulties by “reframing” our perceptions or by changing our experience of the events. While it is true that our experiences are what counts, rather than some kind of “objective” reality, a painful and disappointing experience cannot be changed simply by thinking differently about it, and even such a change in thinking does not occur without some change in the circumstances themselves. This is the reason for such wildly different views of the effectiveness of psychotherapy by the great psychotherapists throughout the brief modern history of the discipline: while some believed in “curing” psychic disturbances by generating insights, others were convinced that psychotherapy was an impossible profession and that the aim of it was to gain knowledge of oneself, not to cure anything (Lacan, and to some extent Freud).<sup>8</sup> However, undoubtedly, breakthroughs in the lives of clients do happen, and not so rarely: solutions do occur through counselling, but usually outside the “interventions,” intentions, or predictions of the counsellor, and most often in a way of small miracles which tend to converge around a coherent attitude by both the client and the counsellor that they can only seek, and expect to be given, answers in ways which, in themselves, are essentially esoteric.

We don’t understand how we change, but we do suddenly change. This happens within therapy, but it also happens outside therapy, usually triggered by specific experiences and relationships. In therapy, we often change suddenly, and

<sup>8</sup> Paul Verhaeghe, *From impossibility to inability: Lacan’s theory on the four discourses, The Letter: Lacanian Perspectives on Psychoanalysis*, Spring 1995, pp. 91–108.



this is known as “transformational moments,” which, as Yalom described them, people can recollect very vividly and can specifically pinpoint in debriefings after therapy.<sup>9</sup>

Prayer-like therapy is consistent with the dialectic of calling content from the unconscious into the conscious or from moving between the various modal worlds.<sup>10</sup> By immersing ourselves into a situation and expectation that some content from the unconscious will manifest in our conscious life, we acknowledge the parallel existence of several modal worlds, any of which can become actuality, almost in an instant. We also acknowledge the experiential fact that the way we think and make decisions is largely unconscious, and that we do not really know what our values are and how we will articulate them until a specific moment of transfer of our desire from the unconscious into the conscious realm. This simple fact is the explanation of many situations in everyday life when individuals act in seemingly unpredictable ways, which can cause considerable anguish to close people if the mechanism of decision-making is seen as being subject to ordinary conscious logic.

One of the major causes of stress in interpersonal relationships is caused by sudden changes in the behaviour of romantic partners. Persons who decide to establish a romantic mutual relationship engage in a process of becoming closer. This requires them to meet alone at some stage and talk about their lives. However, as is well known to most therapists, very often one of the potential partners, seemingly “out of the blue,” decides to pull back from this process, and with unconvincing excuses, sometimes at the very last moment. Typically, this situation leads to attempts to “understand” the sudden change, causing an over-rationalized analysis of what could possibly have happened at the last moment and what the partner who remains interested in the relationship can or might be “expected to” do to solve the situation. What remains obscured to the partner who is left is that the other’s decision has simply surfaced from the subconscious, usually propelled by the tension which builds as the moment of the event nears. The other person might have thought that he or she was interested in engaging in the relationship, but at the key moment, the desire from the unconscious simply sprung up into their consciousness and made it plain to the person that he did not want to be there. As our social relationships are structured upon legitimate expectations, this appears as unfair behaviour because legitimate expectations had been established for the process of mutual bonding to proceed. They agreed to go to a theatre or to have dinner and have made respective plans; however, one person suddenly “bails out”. This type of decision is epistemically significant because it reveals, on a subconscious level, what the person really feels and wants. Even if,

<sup>9</sup> Irvin Yalom and Modyn Leszcz, *The theory and practice of group psychotherapy* (7<sup>th</sup> ed.), New York, Basic Books, 2005, pp. 285–295.

<sup>10</sup> Aleksandar Fatic, “Modal logic in integrative philosophical practice”, *Philosophy and Society*, vol. 34, nr. 3, 2023, pp. 424–437. <https://doi.org/10.2298/FID2303424F>.

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

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

### **PATHOLOGY AS A “DECENTERING” OF PERSONALITY**

The concept of pathology as a “decentering” of personality, as discussed in both Christian patristic interpretation and contemporary psychological perspectives, emphasizes a shift away from a centered focus on values and ethics towards a self-centered perspective. This deviation from ethical and spiritual principles leads to various forms of pathology, affecting both interpersonal relationships and individual well-being.

In Christian patristic interpretation, a centered personality is oriented towards Christian values and ethics, acknowledging the importance of God's mercy and striving to understand life's experiences within this framework. On the contrary, a decentered personality manifests as self-reliance and a desire for control over life, resulting in choices that are contrary to healthy interpersonal dynamics and spiritual principles.

The metaphor of the heart is significant in understanding this concept, symbolizing the center of emotional and moral life. A healthy, centered personality embodies empathy, compassion, and concern for others, while a decentered personality exhibits behaviors that challenge social and moral norms, such as promiscuity, substance abuse, and dishonesty.

Furthermore, the concept of pathology as a decentering of personality extends to interpersonal relationships, where individuals may engage in testing behaviors to assess the truthfulness and resilience of others. Such behaviours, like ghosting in intimate relationships, reflect a spiritual decentering and can have harmful effects on all the individuals involved.

In addressing these issues, spiritual practices and aspects of psychotherapy play crucial roles in fostering empathy, solidarity, and a reconnection with ethical principles. By cultivating a spiritual sensibility and focusing on internal values, individuals can maintain resilience and acceptance in the face of uncertainty, leading to healthier interpersonal relationships and greater mental well-being.

Overall, the concept of pathology as a decentering of personality highlights the importance of spiritual grounding and values in maintaining mental health and fostering healthy interpersonal dynamics. By recentering oneself on ethical principles and empathy, individuals can navigate life's challenges with greater resilience and integrity.

Fundamentally, our emotions govern our decisions and actions, serving as the driving forces behind our choices. The justifications we provide for our decisions often stem from our moral and emotional sensibilities, highlighting the importance of cultivating our spiritual sensibility in spiritual therapy. Philippe Pinel, the founder of the modern psychotherapeutic clinic, viewed psychotherapy as a form of moral re-education, focusing on developing our normative sensibility rather than coercive training of moral reasoning.

Morality, in its broadest sense, encompasses not only ethical ideals but also the quality of life – a fulfilling and generous life toward others and oneself. Sensibility is not fixed; it can be built, tuned, or changed significantly over time, influenced by experiences and evolving values.

As humans, we accumulate vast amounts of social information about others, which can be used to achieve our goals. However, relying solely on this information for selfish purposes would overwhelm us. The dependence on technology in storing and processing information paradoxically diminishes our capacity for organic human interaction, leading to difficulties in sustaining meaningful face-to-face conversations.

In the story of Jacob's ladder, God creates an access portal to Heaven by rolling down a ladder from Heaven, sending angels to descend the ladder, and speaking to Jacob directly. This imagery emphasizes the idea that healing in psychotherapy is not the result of conscious effort but rather a listening for guidance from a higher source, facilitated by an honest and ethical therapeutic relationship. Jacob's spiritual and mental preparedness allowed him to perceive the ladder in a dream, signifying an inward transformation and the manifestation of modal worlds that, externally, may seem like miracle.<sup>11</sup>

In summary, the Jacob's ladder story illustrates how spiritual communion and self-change are foundational to both spiritual and therapeutic processes, emphasizing the importance of receptivity, focus, and spiritual preparedness in achieving meaningful transformation.

## CONCLUSION

In conclusion, the integration of spirituality and mental health provides profound insights into the interconnectedness of our inner world and external reality. By examining spiritual traditions and psychotherapeutic perspectives, we understand that mental disorders often arise from a decentering of personality – a disconnection from the heart as the locus of moral and emotional gravity. This manifests in various behavioural patterns influenced by societal norms and individual experiences.

The journey towards healing and wholeness begins with recentering ourselves on our spiritual core, fostering empathy, solidarity, and moral sensibility. As we nurture our spiritual sensibility, we cultivate resilience, acceptance, and authenticity, enabling us to navigate life's challenges with grace and purpose.

The metaphor of Jacob's ladder serves as a reminder that healing and transformation often come through receptivity and spiritual preparedness. Like Jacob beholding the ladder in a dream, we too can awaken to new possibilities and modalities of being through inner transformation and spiritual communion.

Ultimately, the integration of spirituality and mental health offers a path to holistic well-being, where the heart becomes the compass guiding us towards an alignment with our true selves, meaningful connections with others, and a deeper understanding of our place in the fabric of existence. Through this journey, we discover that true healing transcends individual suffering to embrace the interconnectedness of all life, echoing the divine harmony symbolized by Jacob's ladder reaching from Heaven to Earth.

<sup>11</sup> *Genesis*, 28–12.