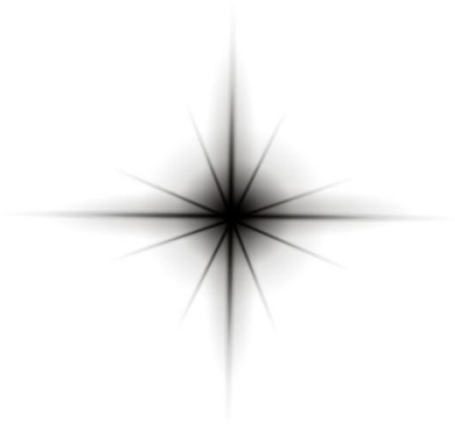


# **Spiritual Healing**

**Psychotherapy: Purpose, Process and Practice**

***A Course in Miracles***

Extensively Annotated Critical Edition



**Gongarola Edition**

## Spiritual Healing

### Psychotherapy: Purpose, Process and Practice

#### *A Course in Miracles*

A critical, extensively annotated edition

Gongarola Edition

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*To those who devote their lives to easing suffering.*



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# About A Course in Miracles

This note is addressed to anyone approaching the Course for the first time. Those who already know it can skip it and go straight to the supplement's prologue.

A Course in Miracles is a work dictated in English between 1965 and 1972 to the psychologist Helen Schucman, with the help of her colleague William Thetford. Both held doctorates in psychology and worked at Columbia University's College of Physicians and Surgeons in New York: Thetford as a tenured Professor of Medical Psychology and director of the Psychology Department at Presbyterian Hospital, Schucman as a tenured Associate Professor of Medical Psychology. Helen received the dictation from an inner voice that identified itself as Jesus. The ideas appeared in her mind with perfect clarity — she distinguished them without confusion from her own thoughts — and she took them down in shorthand session after session; Bill typed them up, and the two reviewed the material as it progressed. The dictation lasted seven years. The resulting text appeared under neither of their names. The decision was deliberate: the content was not theirs.

Helen and Bill were not professional mystics or people drawn to organized spirituality. They were two academic psychologists, both with religious doubts and, in Bill's case, with no beliefs at all. The sentence with which the Course entered their lives was Bill's, spoken one day in 1965 after years of hostility and competition between them in the department: "there must be another way." Helen, against everything that might have been expected of her, responded with support. A few weeks later she began to hear the voice; a few months later, to take down the dictation. The rest came on its own.

The Course was first published in 1976. It has circulated ever since in many languages, sustaining half a century of reading by an audience that grows slowly but steadily. It is not a religion, though its vocabulary draws on the Christian tradition. It is not a school of psychology, though it draws in part from the psychoanalytic language Helen and Bill knew. It is not a philosophical system, though it articulates a precise metaphysics. It is what its title says: a course — material organized to be studied and applied over time — in miracles — shifts of perception that the student learns to accept in order to heal his own mind.

The corpus is made up of three main books and several supplementary materials. The *Text*, dense and intricate, where the doctrine unfolds in an ascending spiral and turns back on itself. The *Workbook*, with 365 daily lessons designed to train the mind in a new way of seeing. The *Manual for Teachers*, shorter, with answers to frequently asked questions about the path. To these are added the *Glossary* and the supplements: *Psychotherapy*, *The Song of Prayer*, *The Gifts of*

*God, and Special Messages.* The supplement this book presents is the first of these.

The Course's doctrine is not set out as a system. It appears scattered, in waves that return to the same material from different angles. For the first-time reader, it helps to have a minimal orientation to its central pieces at hand. What follows is a summary, not an exposition; the reader who wishes to enter the doctrine itself will have to read the Course.

**God and the Son.** Ultimate reality is one: God, formless Love, without time and without opposite, who extends Himself eternally by creating His Son. The Son of God is one — not many — even though He includes all the minds that seem separate in this world. You are that Son. So is everyone else. The reality of God and of the Son has not been altered by anything that seems to have happened here.

**The idea of separation and the ego.** At some moment — which the Course does not date, because time is part of the problem — the Son of God conceived an impossible idea: to be himself, separate from the Father. The idea could not really happen, but the Son believed it did, and on that belief he built a substitute identity: the ego. The ego is the mind that identifies with the idea of being independent of God, and with everything that follows from that idea: the body, the physical world, the other as alien, time as sequence.

**The world and guilt.** The world you see is a projection of the ego's mind. It is the dream into which the Son has retreated so as not to face the guilt he feels for having believed himself separate from his Father. Guilt, which the ego cannot bear to look at, is projected outward in the form of a world where the Son sees himself attacked by circumstances that seem alien to him. That is the world's structural function: to scatter outward the inner guilt the ego would otherwise have to face.

**Forgiveness.** The Course's central operation is forgiveness, understood in a sense of its own. It is not the generosity of overlooking real harm done by another. It is the recognition that the harm you believe you have received comes from your thoughts about the other, not from the other. What you forgive, strictly speaking, is your own thoughts. And in forgiving them, you withdraw the guilt that sustained the separation, and so that fictitious idea loosens its hold in you.

**The Holy Spirit and Christ.** The Holy Spirit is the Voice that God placed in the Son's mind at the very instant the idea of separation seemed to occur. It is the memory of what the Son really is, held intact beneath the ego identity. Christ is what the Son really is: the single Mind the Father created. The student does not have to become Christ; he has to remember that he already is, once what he held against that memory is withdrawn.

**The miracle.** A miracle, in the Course's language, is not a spectacular phenomenon. It is the shift of perception by which, in an instant, you look at someone — or something, or yourself — without the ego's lens, and recognize what is truly there. Miracles are the unit of measure of healing in the Course. You do not work them; you accept them. The Holy Spirit administers them; your willingness receives them.

This is the bare framework. On it, the Course unfolds its doctrine across whole chapters, in a dense and sometimes difficult vocabulary. The *Psychotherapy* supplement applies this framework to a specific field: the healing between two people, and the healing each person can do in his own mind. It is not necessary to have read the whole Course to enter the supplement. It is necessary to keep at hand the terms I have just set out, and to return to them whenever the text uses them without defining them.

This standalone edition forms part of a six-volume critical and annotated study of the complete corpus of *A Course in Miracles* — a profound exegesis developed through more than ten thousand notes, the fruit of twenty-five years of sustained exegetical work. It is, as far as we know, the first English edition to gather the entirety of the original dictation as Helen took it down, together with in-depth annotation. The larger work comprises the *Text*, the *Workbook*, the *Manual for Teachers*, the *Glossary*, the four supplements — *Psychotherapy*, *The Song of Prayer*, *The Gifts of God*, and *Special Messages* — and the other materials that accompanied the dictation during the years it was produced, all of them annotated critically and interpretively. This standalone edition of *Psychotherapy* gathers, without modification, the text and notes for the supplement within that larger work, and is published as an independent book because its content, though a continuation of the Course, stands on its own. For many readers it may also serve as a gateway to the complete Course.

# Prologue

"*Psychotherapy: Purpose, Process and Practice*" is a short work that Jesus dictated to Helen Schucman between January 1973 and March 1975, once the dictation of the Course proper was complete. The procedure was exactly the same — Helen hearing, taking it down, Bill transcribing — and the result was entirely consistent with the Course in form and content. What changes is the focus. The Course, in its three main books, addresses any student. The supplement, however, addresses principally a more specific reader: the professional psychotherapist who has studied the Course. What was dictated answered, at its most specific level, a clear question: how should two mental-health professionals who have studied the Course practice psychotherapy?

Helen and Bill, as already noted, were academic psychologists in a department of psychiatry. Their work included clinical assessment, the training of residents, and the supervision of psychotherapy. They were, in practical terms, mental-health professionals with long clinical experience. This supplement bears the mark of that context: although the teachings it contains are universal, the examples, the warnings, and the operational guidelines are conceived from and for a real clinical practice.

True psychotherapy, in the sense the supplement defines, consists in recognizing that healing and forgiving are the same operation. It occurs in any relationship where patient and therapist share the same purpose and, in an act of mutual forgiveness, let the idea of guilt fall away. The central reversal the supplement introduces — and worth keeping in mind from the first page — is that the operation is not asymmetrical. There is no well person curing a sick one. There are two brothers, equal in their essential condition, who heal at the same time or neither heals. The true agent is neither of the two; it operates through both, and what each receives, each receives from the same place. This reversal, held without compromise, reorders the entire profession.

Some readers of the supplement — especially students of the Course without clinical training — conclude that having read it is enough to offer therapeutic services to others, often for a fee. That conclusion is a serious misunderstanding. The supplement is no substitute for clinical training. Accompanying a mentally ill person requires the academic preparation and the experience that Helen and Bill acquired, and nothing said here dispenses with them. Anyone who lacks them and sets out to practice professional psychotherapy is not being guided by the Holy Spirit; he is listening to his ego, which has found in the Course's language a new disguise for its old vocation of specialness. The vulnerable patient who turns to a companion without clinical training may receive well-meaning care and, even so,

grow worse, delay a necessary intervention, or end up more lost than at the start. It is worth being clear about this before beginning.

The supplement therefore has two readers. The professional psychotherapist — psychologist, psychiatrist, psychotherapist of any school — finds here the principles from which to reframe his practice without giving up what his training has given him. The text shows him that all mental illness, whatever its form, comes from a single root: the belief in separation; that to heal is to forgive; that the true agent of healing is not the therapist but the Holy Spirit operating through the relationship; that patient and therapist heal at the same time, or neither heals; that specialness — presenting oneself as exceptional, keeping technical distance, living the work as sacrifice, giving value to money — disables genuine healing from within. These teachings are not hostile to the professional craft. They reorder it, relieving it of the clinical grandiosity that exhausts it and opening it to a healing that technique alone could never produce.

The non-professional reader finds the only psychotherapy that concerns him: the healing of his own mind. The text shows him that his suffering arises from the beliefs with which he himself interprets what happens to him, not from external circumstances; that forgiveness is the operation that dissolves the guilt sustaining that suffering, and always begins in him; that this healing, once underway, extends on its own to his relationships — partner, children, friends, adversaries — without any need to turn them into therapy or to charge for them; and that what the psychotherapist does with his patient in the consulting room, this reader does with himself in every relationship. Every teacher of God practices psychotherapy, beginning with himself.

The reader should be warned that the notes in this book are unusually abundant and extensive, and the reason is neither decorative nor academic. The supplement concentrates into a few pages a doctrine that the main body of the Course spreads across more than a thousand. Each verse carries, by its very structure, more material than the rest of the edition has been able to afford. The operation of true psychotherapy described here is, moreover, counterintuitive at almost every point: it reverses the asymmetry the profession takes for granted, removes the notion of specialness that society associates with clinical mastery, redefines money and payment, abolishes the figure of the savior, returns to the patient the responsibility for his own mind without blaming him, and proposes a chain of mediation — from Christ to the perfect Teacher, from the Teacher to the therapist, from the therapist to the patient — that no conventional psychotherapy manual would recognize. Each of these reversals, read without commentary, demands of the reader an enormous effort of reformulation against the grain of his usual categories. Without commentary, most of them are neutralized: the reader takes whatever already fit his system and misses what the text actually

said.

The density of the notes also answers to the supplement's twofold audience. What for the professional psychotherapist is a technical reading with spiritual resonances is, for the average reader, a spiritual reading set in an unfamiliar technical scene. The notes work as a bridge. They bring the professional reader to firmer ground when the text rises to a plane his training does not let him absorb unaccompanied, and they bring the non-professional reader to firmer ground when the text enters matters of the craft that are not his, translating the teaching into the ordinary relationships where it does apply. Without that twofold grounding, each reader would carry off only half the document.

There is a final reason, perhaps the decisive one. The supplement contains radical claims that conventional practice passes over without seeing: that the therapist who gives value to money cannot heal; that academic training teaches, in practice, how to make healing impossible; that no one can be turned away for not paying; that therapy is prayer; that the unhealed healer, however well-intentioned, offers magic and not healing. Each of these claims is open to being read as a disqualification of the professional craft, which is not what the text says nor what the Course intends. The notes accompany the professional reader through that delicate passage: they let him hear what the text actually asserts without his professional identity feeling attacked, and they offer the concrete way to incorporate what the Course asks without giving up what is genuinely valuable in his training and experience. An edition without that mediation would leave the professional reader two equally poor options: to reject the supplement as religious utopianism, or to accept it as a dismissal of his work. Both would be misreadings.

A final word on how to read this book. The text of the supplement stands on its own and can be read from beginning to end without consulting the notes. Anyone who prefers that reading is within his rights and will get what his disposition allows him to get. The notes are not obligatory; they are an accompaniment. Whoever accepts them will find that each one spares him a stretch of road that, on his own, would have cost him months or years to travel, if he had ever traveled it at all. The length and abundance of the apparatus answer to the magnitude of the territory. Whoever goes through the book calmly — the text first, the notes after, in no hurry to finish — will receive what the whole supplement is waiting to deliver: a new understanding of what it means to heal, and the concrete readiness to begin doing it, from whatever position he reads it.

One last thing worth anticipating: the notes are not only extensive; they often return to the same concepts, formulated differently or approached from another angle. That repetition is not editorial carelessness but a deliberate pedagogical choice. Almost everything the supplement asserts will be new to the reader — and not new in the harmless sense of a fact added to those he already had, but in

the uncomfortable sense of an idea that flatly contradicts the thinking of the world and, very probably, what the reader himself had taken for certain until now. An idea like that is not absorbed on first contact. Heard once, it is filed away as a curious paradox and forgotten; heard several times, in different contexts and different words, it gradually loses its strangeness and begins, little by little, to sound plausible.

Repetition works on that familiarity. It does not hammer the concept in to impose it; it turns the concept around so the reader sees it from its different faces and stops defending against it. And that gradual recognition has a concrete destination: that the reader will be encouraged, when the moment comes, to try the concept out in his life or his work and to verify for himself that it is true and fully operative. Because no argument, however well built, replaces that verification. Certainty is not received by reading: it is built by verifying, again and again, that what seemed impossible works. Only after that repeated verification does the concept stop being someone else's assertion and become one's own habit. The notes cannot give the reader that certainty — no one can — but they can accompany him to the threshold where he decides to seek it on his own.

One last matter concerns the English text of the supplement itself. This edition does not reproduce that text word for word. I have edited it — lightly, but deliberately — and the reader deserves to know what was done, and why.

A word first on principle. The Course teaches that form is nothing and content everything: its own words are a means of instruction, not an object of devotion. To treat the original English wording as untouchable would be to fall into the very confusion the Course warns against — mistaking the form for the content, the finger for the moon. Every translation of the Course into another language already changes every word in order to keep faith with the meaning, and no one calls that a betrayal. This edition does for the English-speaking reader what those translations do for everyone else: it offers not the wording of 1975 but the form that, today, carries the content most clearly — above all to readers who may be meeting the Course for the first time here, without the long familiarity that lets a seasoned student supply what dense or archaic phrasing leaves unsaid.

The changes are of three kinds, and all are surgical. First, I have disambiguated pronouns and referents: the original leans on a dense weave of "he," "him," and "his" — standing at once for the patient, the therapist, and the Son of God — that a seasoned reader decodes without effort but that can leave a newcomer genuinely unsure who is meant. Second, I have repaired the few sentences whose syntax was strained to the point of obscuring the thought. Third, I have lightly modernized inverted or archaic constructions where they added friction without adding meaning, while leaving untouched the cadence of those passages whose rhythm is itself part of how they teach. As for gender, I have kept the masculine

of the original — its generic "he," and the "man" of the dictation — in the inclusive sense it bore when the Course was written, and bears within the Course's own teaching, which holds the Son of God to be spirit, beyond the body and its sex; the notes follow the same usage. To overlay a present-day gender-neutral idiom on a work whose aim is to dissolve the body's importance would only foreground the very distinction it labors to set aside.

What I have not done is rewrite. None of these changes alters the doctrine, and wherever a change threatened to shift a meaning rather than merely clarify it, I left the original alone. The aim throughout has been to remove what stands between the reader and the teaching, never to improve upon the teaching itself. For anyone who wishes to read the supplement in its original, unedited English, that text remains available from the Foundation for Inner Peace; I would encourage the curious reader to compare the two, and to notice how little the content depends on the particular form that carries it. That noticing is itself among the first lessons the Course has to give.

# **Psychotherapy**

**Purpose, Process and Practice**

*A Course in Miracles*



# 1. An Introduction to Psychotherapy

1. Psychotherapy is the only form of therapy there is.<sup>1</sup>

<sup>2</sup>Since only the mind can be sick, only the mind can be healed.<sup>2</sup>

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<sup>1</sup> By its etymology, "psychotherapy" means care of the psyche—of the mind, or the soul. In modern usage it names a regulated profession, practiced by psychologists and psychiatrists with recognized clinical training. That specialization has helped professionalize the treatment of mental illness and protect it from quackery, but it has also narrowed the word until it became synonymous with the profession rather than with the practice the profession is named for. The Course recovers the broad sense without abandoning the narrow one. Here, "psychotherapy" is any form of healing of the mind, whether or not it takes place in a clinical setting.

There is psychotherapy in the psychiatrist's office, in a particularly qualified form. But there is also psychotherapy in the attentive conversation of a parent with a child in crisis, in the presence of a friend who stays with someone through grief, in the shared prayer of two brothers who forgive each other. Wherever one mind is lightened by the presence of another willing to accompany it, there is psychotherapy in the Course's sense.

This rearranges the entire picture. The professional is still a professional, and better trained than anyone, but is no longer the only one. Anyone with a mind can receive psychotherapy and also practice it, beginning with himself. The healing principle laid out in the sections ahead works in any mind exactly as it does in the consulting room: clinical work adds technical rigor, training, and legal accountability, but none of that changes what is essential. What heals is the same in either case.

<sup>2</sup> The mind is the only place where sickness occurs, because it is the only thing that truly exists. The body, the symptom, and the circumstance are projected effects of a decision of the mind, not causes with a life of their own. The reversal the Course calls for is total: what common sense takes to be the cause of suffering—the virus, another's behavior, adversity—turns out to be an effect, and the suffering mind, which seemed to be the passive effect, turns out to be the only cause. It is one of the Course's most resisted principles, because its implications are frightening: if it is accepted, there are no longer any victims.

One caveat is necessary, and it is where this principle is most often misread. The reversal of cause does not ask the patient with real cancer to forgo treatment, nor does it claim that physical pain is unreal on the level where it is felt. The body, as an effect, is treated effectively on its own level. The reversal operates at the

<sup>3</sup>Only the mind needs healing.

<sup>4</sup>This does not appear to be the case, for the manifestations of this world seem real indeed.<sup>3</sup>

## 2. Psychotherapy is necessary so that an individual can begin to question his

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ultimate cause, not at the level of immediate care. The Course does not disqualify medicine; it identifies what medicine can and cannot do. Medicine relieves effects; the cause that produces them remains intact until the mind that sustains it lets it go.

This is why a small, testable first step is worth taking—one that conflicts with no medical or behavioral treatment. When something hurts you—physically, emotionally, in any form—replace the question "who or what did this to me?" with "what decision of mine is showing up here?" Don't expect a clear or quick answer. Sometimes none will come, and sometimes you will only notice, weeks later, that the hurt no longer accumulates the way it used to. Asking the question is enough; that is where healing begins, and the rest unfolds on its own, without your having to understand in advance how.

<sup>3</sup> The manifestations of this world seem real, and that is precisely their function as illusions. An illusion that did not seem real would not be an illusion but a testable hypothesis. The world as the Course describes it is illusion precisely because it presents itself as evidence. And that evidence takes a very specific form: an idea—the idea of separation from God—disguised as external reality, perceived by a mind that has disowned its authorship of what it sees.

The mind disowns that authorship because, if it admitted that the world it sees is its own production, the sole cause of its suffering would lie within it—and that is what the ego cannot bear. That disavowal is what allows the ego to keep functioning: "I did not do this; this was done to me." The world then appears as a separate entity, a hostile or neutral stage on which the separated self defends itself. The ego's underlying defense is not any particular defensive maneuver but that initial denial of authorship over the entire system.

This explains why intellectually recognizing that the world is illusory, however accurate, is not enough to undo it. The idea "the world is not real" enters a mind that continues to perceive it as real, and so fails to produce the effect it promises. What dismantles the system is not information but the patient, sustained withdrawal of outward projection: recognizing, again and again, situation after situation, that the cause of one's suffering is not outside. Psychotherapy offers that recognition applied case by case. And that application, repeated for as long as it takes, is what the Course calls the Atonement.

own reality.<sup>4</sup>

<sup>2</sup>Sometimes he is able to begin to open his mind without formal help, but even then it is always some change in his perception of interpersonal relationships that enables him to do so.<sup>5</sup>

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<sup>4</sup> Psychotherapy does not challenge the ontological reality of the world's manifestations, but the accuracy of their interpretation. This is why the mental-health professional does not try to convince the patient that the world is an illusion or a dream, but that the reading he is making of what he perceives is distorted—and can be more benign and more workable. The distinction is especially important for the psychotherapist who is also a student of the Course.

In that profile there is a frequent temptation to bring the Course's metaphysics into the consulting room: to explain to the patient that his suffering is illusory, that the body does not exist, that the separation never happened. However true that doctrine may be, as a clinical intervention it is disastrous. The patient lives the illusory system as though it were real, because for him it is, and can do nothing with that information. Either he rejects it as nonsense and stops trusting the therapist, or he adopts it as a new belief and uses it to defend against a suffering that remains intact. Either way, the work fails.

What psychotherapy can do is help the patient question his interpretations. It does not tell him "the world is not real"; it tells him, in a thousand ways, that his interpretation of what is happening to him is not the only possible one and is almost never the most useful. That much is achievable, and, done patiently, it produces what the doctrine describes: it lightens the mind, loosens judgments, opens space. The Course's metaphysics then operates on its own, without anyone having taught it explicitly, because it operates whenever the defenses ease. The Course's therapist neither conceals this doctrine nor betrays it: he recognizes that his work operates at a different level. The doctrine informs how he sees; what he offers the patient always belongs to the order of interpretation.

<sup>5</sup> The decisive change does not happen in some isolated compartment of the mind, but in how the patient perceives his relationships. Here, for the first time in the supplement, a principle appears that will recur: no one heals alone. And the reason is structural. The mind identified with the ego has identified with separation—the belief that one can be a self without others. Healing that belief requires the other: as mirror, as difference, as someone before whom what one would always see from the same angle in solitude finally comes into view. The patient remains solely responsible for his own change, because no one can do it for him, but the place where that change occurs is always a relationship. Any relationship: with a therapist, a spouse, a child, a friend, a stranger who suddenly reflects back an image one could not see alone.

The other's function is not to heal; it is to provide the angle from which one's

<sup>3</sup>Other times he needs a more structured, ongoing relationship with an “official” therapist.<sup>6</sup>

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own mind becomes, at last, visible to itself. Without that perspective, the mind keeps confirming itself with its own material: it sees what it believes it sees, interprets in the only way it knows, and finds no contradiction because no one offers one. This is why the patient's openness is indispensable. To open up is not to grant that someone else will do the healing for you; it is to recognize that only through the other's gaze can what your own mind withholds from you become visible.

And opening up is not pleasing the therapist, nor telling him what he expects to hear, nor adopting his categories. It is allowing the other's gaze to reach the places one had decided not to look at. That willingness is the gesture that grounds all psychotherapy, and every relationship that heals outside the consulting room. Without it there is no healing, no matter how much time passes; with it, healing has already begun.

<sup>6</sup> The quotation marks around “official” mark a distinction: between the spontaneous opening that can arise in any significant relationship—family, friendship, casual—and the structured relationship offered by a formally trained psychotherapist. Both are psychotherapy in the supplement's broad sense, but only the second has clinical training and a professional frame. For one patient the first is enough. For another, especially when the mind is more burdened or more fragmented, the second is needed.

The supplement is addressed first of all to mental-health professionals: people with long, intensive training who devote their working lives to the care of mental illness, like the scribes. Its principles benefit any student of the Course, because they are general principles of healing. But the supplement does not authorize the teacher of God to practice psychotherapy as a profession: that belongs to another order—academic training and clinical experience—which the supplement takes for granted in its professional reader.

At the same time, every teacher of God practices psychotherapy in the Course's sense. He practices it with himself, healing his own mind, and with everyone he relates to, as the natural way of being in any bond. This dual belonging calls for discernment. The teacher of God does not imitate the professional: he opens no practice, charges no fees, and presents himself as no clinical authority. But neither does he abstain from psychotherapy in the broad sense, which is the attentive, quiet presence that heals in any relationship.

There is also a practical criterion. When the teacher of God meets someone whose mental suffering exceeds what that presence can accompany—severe suffering, crisis, established clinical symptoms—the right thing is to refer that person

<sup>4</sup>Either way, the task is the same: the patient must be helped to change his mind about the “reality” of illusions.<sup>7</sup>

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to a professional, not to improvise. The distinction between the two orders is ethical, not academic: the teacher of God who does not respect it can harm the very person he meant to help, and that harm costs more to undo than the distress that prompted the intervention.

<sup>7</sup> The patient is not asked to stop seeing illusions—impossible while still in the world—but to change the way he thinks about the “reality” he himself grants them. Hence the quotation marks. The change is subtle and decisive: the illusion stays exactly as it was, and what changes is the degree of reality the mind assigns to it.

In practice, this means no longer taking oneself, one's own circumstances, and one's own stories as the final word. It means beginning to suspect that the interpretation of what happens is not what happens, but one of several possible readings—and almost always the least benign. The patient who acquires that small habit loosens the weight he had placed on whatever befell him. Things still happen to him, but they no longer land with the same crushing force: there is space between the circumstance and its reading.

This is the operation proper to psychotherapy in the Course's sense. Not to abolish the illusion, which belongs to another order, but to withdraw, little by little, the belief that lends it reality. A belief drained of force stops being a prison. The world still looks the way it looks, but the mind that looks at it has stopped taking what it sees as the last word on who it is.



## 2. The Purpose of Psychotherapy

1. Very simply, the purpose of psychotherapy is to remove the blocks to truth.<sup>8</sup>

<sup>2</sup>Its aim is to help the patient abandon his fixed delusional system, and begin to reconsider the spurious cause-and-effect relationships on which it rests.<sup>9</sup>

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<sup>8</sup> To remove the blocks to truth is to stop holding on to what causes suffering and what the patient has imposed on himself. The Course adds no truth: the truth is already there, and the work consists in clearing away what covers it. This is why the therapist accompanies a withdrawal, not an acquisition. When the patient lets go of what he is clinging to, the truth appears on its own.

These blocks are not external—the difficult family, adverse circumstances, the wounded past—though the patient presents them that way. They are always internal: the judgment held against someone, the belief in one's own suffering identity, the resentment nursed, the guilt not released, the ego's reading of what happens. Each is something the patient actively sustains, even without realizing it. Sustaining them consumes mental energy without rest; releasing them frees that energy and allows what lay beneath to emerge.

From this comes a model of work different from the additive one. Classical psychotherapy, in many of its forms, operates by addition: coping tools, regulation techniques, cognitive resources, new narratives. These have their value, but they are not what true psychotherapy does in the Course's sense, which operates by subtraction: it locates what the patient holds against himself and helps him let it go. What remains when that holding ceases is not a void but the mind's natural state, which tends toward peace on its own once the blocks are removed.

The same holds for the non-professional reader. One's own mind is not healed by adding practices, ideas, or spiritual identifications, but by relinquishing what one holds against the recognition of one's own innocence. The truth does not arrive from outside: it stops being hidden the moment one stops hiding it.

<sup>9</sup> On the level of the real, cause and effect are the same: what is can only ever be identical to itself. The illusory realm is the one where that principle, illusorily, does not hold: the effect appears different from its cause, and the ego calls that appearance "change." The idea of a world is nothing other than the belief that the Son of God can change and cease to be what he is. Held with force, that belief produces the entire experience of living in a world where things change, improve, worsen, are born, and die. Without it, there is no world in the Course's sense.

For the patient, the "spurious cause-and-effect relationship" translates into something very concrete. His suffering appears as the effect of external causes: childhood harmed him, a partner abandoned him, a boss treats him badly, the

<sup>3</sup>No one in this world escapes fear, but everyone can reconsider its causes and learn to evaluate them correctly.<sup>10</sup>

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world is unjust to him. That attribution is the spurious relationship. If cause and effect are the same, no suffering can have its cause outside the mind that undergoes it, because the mind and what it produces are inseparable. What the patient believes he suffers at the hands of external forces is his own production returning to him.

Therapeutic work does not address this head-on, because stating it that way would overwhelm the patient and shut the process down. It addresses it in small steps, case by case. Each time the patient attributes his distress to an external cause, the therapist invites him—through questions, not theory—to consider whether his reading is necessarily the right one, whether the cause he assigns is the only one, whether decisions of his own are at work in what presents itself as fate. That reconsideration, sustained over time, gradually shifts the center of gravity from outside to inside. Never all at once, but in layers, until the mind recognizes itself again as the only cause.

**10** Fear is the emotion the mind feels when it takes the absence of love to be real. The mind believes it lacks love—contact with its origin, with its unity—and from that belief fear is born. To take that absence as real is to grant reality to something that cannot have it, because love is not an object that can be present or absent, but the very reality of the mind. An absence of love would be an absence of reality, and that is nothing: it is illusion under another name.

Fear is therefore doubly illusory, in its content and in its subject: it fears an impossible loss, and the self that fears is already part of the illusion that produces it. A mind without ego has no fear—not because it is brave, but because in it there is nothing to lose and no one to lose it. Fear appears in the mind identified with the ego and departs when that identification loosens.

This does not authorize psychotherapy to ask the patient to deny his fear. The patient feels it, and for him it is real on the level where he feels it. Psychotherapy works with him from there: it does not dismiss the fear, label it illusory, or ask him to stop feeling it. What it does is help him examine the causes he attributes to it, which are almost never the true ones. Whoever fears unemployment usually fears the worthlessness that unemployment would confirm; whoever fears loneliness usually fears meeting the person he believes himself to be when no one is watching. Reaching the ultimate cause—which is always the belief in separation—is slow, but each intermediate step lightens the load.

The same holds for the non-professional reader. When fear appears, the useful question is not "how do I get rid of it?" but "what do I think I am losing, and is that really what I fear?" The answer tends to reveal, layer after layer, that what was

<sup>4</sup>God has given everyone a Teacher Whose wisdom and help far exceed anything an earthly therapist could provide.

<sup>5</sup>Yet there are times and situations in which the patient-therapist relationship becomes the means through which that Teacher offers His greater gifts to both.<sup>11</sup>

2. What better purpose could any relationship have than to invite the Holy Spirit to enter into it and give it His own great gift of rejoicing?

<sup>2</sup>What higher goal could there be for anyone than to learn to call upon God and hear His Answer?

<sup>3</sup>And what more transcendent aim can there be than to recall the Way, the Truth, and the Life, and to remember God?<sup>12</sup>

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feared was not what it seemed—and in the end, that the only thing feared was one's own suffering identity confirming itself.

<sup>11</sup> The previous verse said that the Teacher God gives to each one surpasses any therapist. This one adds a nuance: there are moments when the patient cannot hear that Teacher directly, and then the therapist fulfills a mediating function for which there is no substitute.

The patient does not grant himself permission to listen to the Holy Spirit without an intermediary. The ego cannot bear the nearness of something that dissolves it, and it filters or distorts whatever comes from Him. This is why many a patient believes in the Holy Spirit and still cannot hear Him in concrete matters. The therapist's mediation works like a translation: the same content arrives, but through an instrument the ego tolerates better, because it comes as a relationship between persons and not as inner revelation.

Hence the therapist's function and the stance it requires of him. His function is to be a conduit, not a source. What he conveys, if it is true, does not arise from his own wisdom but passes through him from the Holy Spirit. And the stance is the opposite of specialness: the one who believes himself wise, perceptive, or special blocks the channel, because he takes himself for the origin; the one who knows he is an instrument keeps it open.

This changes what clinical success and failure mean. A success is not the therapist's merit but a sign that the channel was open. A failure is not necessarily his fault: it may indicate that the patient's readiness had not yet matured. In both cases he does his part—offering his presence, attending, not interfering—and leaves the rest out of his hands. Letting go of the claim to be the origin of the cure is one of the greatest reliefs the Course offers the psychotherapist.

<sup>12</sup> John 14:6: "I am the way, the truth, and the life. No one comes to the Father except through Me." T-6.I.17:3: "That was the only purpose of what I experienced, and that is the only way in which I can be regarded as the Way, the Truth,

<sup>4</sup>To help in this is the proper purpose of psychotherapy.

<sup>5</sup>Could anything be holier?

<sup>6</sup>For psychotherapy, correctly understood, teaches forgiveness and helps the patient to recognize and accept it. **13**

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and the Light." The Course keeps the biblical form and shifts its content. In the traditional reading, Jesus claims for himself, as a unique historical individual, the attributes of the Way, the Truth, and the Life, and declares that one reaches the Father only through him. That reading has sustained, for centuries, a religious exclusivity: only through the Jesus of the Gospel does one reach God.

The Course defuses that exclusivity without denying the sentence. The Way, the Truth, and the Life are attributes of the Son of God, and the Son of God is the common reality of each of us. What Jesus was, each of us is; he is not an exception but the first to remember it. Read this way, the sentence remains true—only through the Son of God does one reach the Father—but it loses its charge of exclusivity, because the Son of God is not a particular someone but the common condition each of us must recognize in ourselves. It is one of the Course's most characteristic hermeneutic reversals: it takes the Christian formulation, respects it to the letter, and restores to it the universal reach the tradition had closed off. The Jesus of the Course neither competes with other traditions nor proclaims himself unique; he offers his own remembering as a model of what every Son of God has to remember.

For the psychotherapist this has concrete consequences. The ultimate purpose of the work is not for the patient to "improve," "function," or "adjust," but to recover the way—recognizing who he truly is—the truth—letting go of the beliefs that obscure it—and the life—the connection to the common reality the ego had caused him to lose. It is not announced, because it would sound excessive: it is offered without a name, session after session, in small withdrawals of judgment. But that is the horizon of the work, and the therapist who keeps it in mind, even silently, works differently.

**13** Psychotherapy, rightly understood, teaches one to forgive one's own thoughts. Forgiveness is the central operation of the entire system, and it is easily misunderstood. To forgive, in this Course, is not what common sense calls forgiveness: it is not excusing someone for the harm they did, nor giving up a supposedly legitimate grievance, nor magnanimously releasing what the world says we have a right to claim. All those versions assume that real harm was done by another and that forgiveness is the generosity of overlooking it. The Course discards that model. The harm one believes one received does not come from the other but from one's own thoughts about the other. What is forgiven, then, is not the other: it is one's own thoughts, which have produced the experience of harm.

<sup>7</sup>And in his healing the therapist is forgiven with him.<sup>14</sup>

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This changes the direction of the operation. The patient does not forgive his mother, his partner, or his circumstances. He forgives his own thoughts, which have made his mother, his partner, or his circumstances the source of his suffering. It is something internal, done by oneself upon oneself, not a transaction with another. This is why it requires no one's cooperation: the other may have died, be far away, be unreachable. Forgiveness happens within the one who forgives and frees him, without the other ever having to know.

In the consulting room, this translates into a question that shifts the axis of the work. When the patient recounts the grievance, the humanistically oriented therapist would ask, "how did this make you feel?" The question that follows from the Course is different: "what thoughts of yours are making you suffer now, as you remember it?" The first entrenches the victim position; the second opens forgiveness. It cannot always be put so directly, and a longer road is often advisable, but that is the direction. The patient who travels it discovers, in time, that the other's offense weighed less than it seemed: what was decisive was the judgment he himself held about it.

<sup>14</sup> Healing is not asymmetrical. The therapist does not heal the patient from a health of his own; both heal in the same act, by the same forgiveness. What one forgives in the other, one forgives in oneself. The consulting room is not the stage for a technical operation but the place of a reciprocal healing. This relieves the therapist of having to be the healthy one in the relationship, and the patient of having to be the sick one; both are, at once, both things.

The mechanics are exact. When the therapist forgives his patient inwardly—when he stops judging him for his resistance, his slowness, or his incomprehension—he is forgiving something of his own that the patient was reflecting back to him. What he saw in the patient as resistance, slowness, or incomprehension was something analogous he carried within himself. The patient was guilty of nothing on his own account: he was returning to the therapist an image of himself the therapist could not look at directly. This is why, when the therapist stops judging the patient, he also stops judging himself. It is a single operation in two directions.

This is why reciprocal healing is not a metaphor but a description of the process. Every session done well lightens the therapist as much as the patient, though from a different angle. When the therapist feels no relief at the end of the day, it is usually a sign that he has been working in the asymmetrical mode: giving advice, offering techniques, exercising competence—all of which keeps him in his role and prevents him from receiving what each patient comes to teach him. That reciprocity can be recognized in the consulting room: the therapist ends the day carrying less than he came in with, with the sense of having been in genuine

3. Everyone who needs help, whatever the form of his distress, is attacking himself, and his peace of mind suffers as a result. **15**

<sup>2</sup>These tendencies are often described as “self-destructive,” and the patient often regards them that way himself. **16**

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company rather than of having managed a process, and he leaves with live questions his patients opened in him, not merely with clinical notes. Professional burn-out, when it appears, is a piece of data: the symmetry has broken, and it is worth examining where one has been working from.

**15** This is a central idea of the Course's paradigm, condensed in Workbook Lesson 281: "I can be hurt by nothing but my thoughts." The verse extends the principle: everyone who suffers is attacking himself, whatever the form of the suffering. On the outside it may be a physical symptom, a conflict, depression, anxiety, repeated failure, persistent bad luck; but the inner operator is always the same—the mind attacking itself with its own thoughts.

Almost all patients, and a good many therapists, resist this claim, because it seems to blame the victim. If the battered woman is attacking herself, isn't the abuser exonerated? If the cancer patient is attacking himself, isn't the tumor denied? The objection is understandable. The Course does not say that the abuser does not abuse, that the tumor does not exist, or that depression causes no anguish. It says that the mental suffering those situations produce comes from the thoughts with which the mind interprets them, not directly from them. Two people in the same objective situation suffer in different ways, because they interpret it differently. The cause of mental suffering is never the situation but the reading, and the reading is within. This is why, wherever suffering appears, what can be changed is within. This does not exonerate the abuser, does not minimize the tumor, does not dismiss the depression: it only points to where the real lever is, which is always in the mind that suffers.

In the consulting room, the idea is not introduced all at once but in small doses, case by case: "What thought are you having about this that is making you suffer?", "is it the only possible one?", "if you could let it go for a moment, what would remain?" Repeated patiently over months, these questions teach the patient, without stating it as doctrine, that his thoughts are the real cause of his distress. When he discovers it for himself—not because the therapist tells him but because he verifies it in his own experience—healing enters another phase: the lever is now in his hands.

**16** What clinical language calls a "self-destructive tendency" or "masochism" has, in the Course, a precise explanation. It is not a deviation from the ego's normal functioning: it is its normal functioning. The ego is oriented by its very

<sup>3</sup>What he does not realize, and needs to learn, is that this "self"—which can attack and be attacked alike—is a concept he made up.<sup>17</sup>

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structure toward guilt, pain, and death, and at bottom it finds all three attractive. The Course develops this in "The Attraction of Guilt" and the sections that follow (T-19.IV), where it shows how the ego finds in suffering the confirmation of its own separate existence.

The logic is this: the ego sustains itself as an entity separate from the Son of God at the price of guilt. If I am separate, I am guilty of the separation; if I am guilty, I deserve punishment; if I deserve punishment, the pain I suffer confirms that I exist as a guilty, separate entity. Suffering is thus the proof of one's own egoic existence, and a mind that stopped suffering would have to surrender the proof of being separate. This is why the ego prefers to suffer rather than dissolve. The "self-destruction" the clinician observes is not a deviation: it is the ego doing its work of self-preservation at the expense of the organism it inhabits.

This explains something every experienced psychotherapist has seen. There is the kind of patient who sabotages any improvement: when something in his life begins to work, he finds a way to break it; when a treatment yields results, he abandons it; when a relationship stabilizes, he does what is needed to shatter it. The usual explanation—that he "does not feel deserving"—is correct on its own level; deeper down, his egoic identity cannot survive sustained well-being, and the ego acts to preserve the suffering identity that is its foothold.

For the psychotherapist this matters. The patient's sabotage is not a lack of motivation, nor immaturity, nor caprice: it is the ego's structural resistance to its own dissolution. And the response is not to pressure him to "try harder," nor to reprimand him, nor to give up on him, but to recognize the mechanics with compassion. There is a part of the patient that wants to heal and another that wants to preserve the ego, and the struggle between the two is where the work happens. Naming that struggle with him—without pathologizing it, simply describing it—is usually one of the most liberating steps the Course makes it possible to offer.

<sup>17</sup> The self-concept is one of the Course's pivots, treated at length in T-31.V, "The Idea of the Self." The patient has an idea of who he is—"I am someone like this, with this history, these traits, these wounds"—and that idea is not what he is. It is a narrative he has built up and actively sustains, even if he no longer remembers deciding it. As long as he believes in it, it functions for him as real: he acts as though it were him, he is hurt by what would damage it, he takes pleasure in what confirms it.

Everything else is projected from that concept. The world he sees is not the world: it is his own identity projected outward. If he experiences himself as "someone who gets abandoned," the world will present itself to him as a place of

<sup>4</sup>What is more, he cherishes it, defends it, and is sometimes even willing to "sacrifice" his "life" on its behalf.

<sup>5</sup>For he regards it as his very self.

<sup>6</sup>They see this self as something acted upon, reacting to external forces as those forces demand, and helpless before the power of the world.

4. Psychotherapy, then, must restore to his awareness the ability to make his own decisions.

<sup>2</sup>He must become willing to reverse his thinking, and to understand that what he believed the world was doing to him, he was in fact doing to himself through his own projections. **18**

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abandonments; if as "someone who does not fit," as a place of exclusions; if as "someone who has to fight to be respected," as a place of fights over respect. The correspondence between identity and world is neither coincidence nor bad luck: it is a projection, designed to confirm the one who projects.

From this follows a central consequence. As long as the patient works on the world he sees, trying to improve it, change it, or fight it, he is working on an effect, and the result will always be temporary: the situation will change form, but something similar will reappear in another, because the projector remains intact. Effective work goes the other way: directing attention to the self-concept that is producing what one suffers—not to fight it, which reinforces it, but to observe it in operation. When the patient notices that his circumstances resemble one another with regularity, he begins to suspect that this regularity is not the world's but his own. That suspicion is the first loosening.

In the consulting room one works with a simple question in many variations: "What do the situations that have been making you suffer lately have in common?" In answering, the patient discovers patterns, and the patterns point to him, not to the world. That pointing opens the space where the self-concept can begin to be seen. Once seen, it loses the absolute power it had while it operated invisibly. It does not vanish all at once, as no egoic concept does, but it stops being self-evident and becomes again what it always was: a revisable hypothesis.

**18** The willingness to change one's mind is the first requirement of salvation. It is not intellectual understanding, nor doctrinal assent, nor even good intentions: it is pure willingness, the openness to things being other than one had decided they were. It is the smallest thing, and the most necessary.

Its exemplary case in the Course's history is Bill Thetford. After years of hostility and competition with Helen Schucman in the psychology department of Presbyterian Hospital, he said to her one day what seemed a trivial sentence: "There must be a better way." He formulated no doctrine, proposed no method, announced no conversion; he only said that he was willing for there to be another

<sup>3</sup>The world he sees does not, therefore, exist.

<sup>4</sup>Until this is at least in part accepted, the patient cannot see himself as truly capable of making decisions.<sup>19</sup>

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way. That willingness—in him, and in Helen, who answered by supporting him—opened the channel through which the entire Course came. Bill's sentence was not the Course, but the condition that made it possible.

This teaches something about the beginning of any therapeutic process. The patient's willingness is not measured by his eloquence, nor by his theoretical grasp of the problem, nor by his verbal commitment to change, but by something subtler: his openness to the possibility that his own certainties about what is happening to him are not the whole truth. One patient may arrive with a brilliant account and total resistance, another inarticulate and entirely available; the experienced therapist tells the two apart and works with what is in front of him. To reverse one's thinking is that openness applied to the core of the problem: to accept that what the patient believes the world is doing to him, he is doing to the world, and the world returns it to him. He is not asked to understand it all at once, or even to believe it, but to be willing to explore it. That exploration is the whole of the work.

<sup>19</sup> T-2.X.3:4-5: "You believe that you are responsible for what you DO, but not for what you THINK. The truth is that you are responsible for what you THINK, because it is only at this level that you CAN exercise choice." The verse reverses the common notion of responsibility. Common sense locates it in visible conduct: we answer for what we do, not for what we think, which is taken to be spontaneous and beyond control. Jesus says the opposite. Conduct is conditioned by the thought that precedes it, and thought is the only level where real choice occurs. There, at once, lie real responsibility and real freedom.

The freedom to decide appears where the patient recognizes that he is the one who thinks. As long as he lives reacting to a world that happens to him, he does not feel free, because in his own logic he has no options: what happens to him determines him, and what he does merely answers what happens. He is, in fact, a prisoner. When he recognizes that he is the origin of his own inner life—that his thoughts do not befall him but are chosen moment by moment—decision becomes possible again. Not because he gains a new power, but because he recovers awareness of a power he always had and had chosen to ignore.

For the psychotherapist this orients the work. The underlying question is not "what has life done to you?" but "what thoughts are you choosing to hold in response to what life has done to you?" The first leaves the patient as the object of his biography; the second reinstates him as subject, and only from there does real change occur. It is not a matter of denying what happened, or of minimizing the

<sup>5</sup>And he will fight against his freedom, because he thinks it is slavery.<sup>20</sup>

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pain, but of shifting the center of gravity from what occurred to what one now chooses to do with it mentally.

There is an important intermediate step. The patient does not, as a rule, experience his thoughts as chosen: he experiences them as arising, as automatic reactions, as psychic facts. Psychotherapy must first show him that between the event and the reaction there is a decision, and that the thought, once seen, can be examined and revised. To see, to examine, to revise: that sequence is what gives the patient back his capacity to choose.

**20** The patient fights against the freedom offered him because, in that moment, freedom looks like captivity. The reason is structural. His thought system, however painful, gives him something indispensable: a stable identity. He knows who he is—"someone who gets abandoned," "someone who does not fit," "someone who has to survive alone"—and from that suffering identity he is at least oriented. He knows how the world will treat him, what will hurt, what to expect. The predictability of suffering is more bearable to him than the uncertainty of not knowing who he is.

When the therapist begins to destabilize the system—gently showing him that it is he who sustains it, that his suffering identity is a choice, that the world is not what he believed—the patient feels not relief but a first moment of disorientation. If I am not this that I believed myself to be, who am I? If the world is not as I thought, what world am I to live in? This is the stretch of the process most easily mistaken for a worsening: the patient feels worse just as the work begins to touch what is real.

The therapist has to understand this dynamic and not be alarmed. The patient's resistance here is not a failure of the process but a sign that it is reaching the right place; if there were no resistance, it would be because the work was staying on the surface. What the therapist does then is hold: not push, not retreat, not console too soon. To be present while the patient moves through the disorientation, without offering him a replacement identity, without resettling him in another system, without rescuing him from the emptiness that opens.

This is the hardest part of the craft, and it is counterintuitive: clinical instinct pushes one to relieve the sufferer, and the Course's psychotherapy sometimes asks not to relieve but to accompany while the old system falls. What appears afterward is genuine freedom, but it appears only if the therapist has not filled the space with quick consolations. The emptiness is the condition for something new to enter. Whoever respects it does the work well, even if at that moment it looks like doing nothing.

5. The patient need not think of truth as God in order to make progress in salvation.<sup>21</sup>

<sup>2</sup>But he must begin to separate truth from illusion, recognizing that the two are not the same.

<sup>3</sup>And he must become increasingly willing to see illusions as illusions, and to accept the truth as true.<sup>22</sup>

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**21** This Course requires no prior doctrinal assent. One can advance in it without having decided that truth is God, and even without ever naming God. It is one of its most distinctive features, and the reason lies in the very operation it proposes. What heals is not belief in God but the withdrawal of judgment about one's brothers, and these are different things. One can believe firmly in God with every judgment intact—religious history confirms this abundantly—and one can disbelieve in God and begin to withdraw judgments, which produces exactly the effect the Course calls healing. The doctrine is not what heals; what heals is the practice the doctrine frames, and that practice is within reach of any mind, believing or not.

This undercuts a claim common among advanced students: that their faith gives them an advantage over non-believers. It does not. The only advantage is the willingness to forgive one's own thoughts, and that willingness does not depend on the religious framework of the one who practices it. An atheist psychotherapist who has learned not to judge his patients does better Course work than a believer whose faith is, unnoticed, freighted with judgments about patients who do not share his framework. What is decisive is not the belief but what happens in the practice.

For the secular therapist this is liberating: he need not become a believer to work by the Course's principles. For the believer it is demanding: his faith does not exempt him from checking, at every step, whether he is forgiving or judging, because only the latter is the problem and only the former the solution. And for the patient, believing or not, it is welcoming: he is not asked to adopt a religious framework before benefiting from the work. What he can already do is enough: to distinguish truth from illusion, accept the first, and release the second. Whatever name he wishes to give the journey's end comes later, if it comes at all, and is his own affair.

**22** A length of time is the difficulty the mind attributes to a change. On the plane of the therapeutic process, time is not something physical that elapses but the mental space the patient needs in order to release resistance. The more resistance, the more time; the less, the less. An absolute willingness would bring instantaneous healing—the Course affirms this is theoretically possible—but absolute willingness is very rare, and so, therefore, is instantaneous healing.

From this follows something important. The psychotherapist measures success not by the pace at which the patient progresses but by the pace at which his

<sup>4</sup>His Teacher will take him on from there, as far as he is ready to go.<sup>23</sup>

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willingness opens, and the two measures may not coincide. Some patients advance quickly on the surface while their underlying willingness barely moves, producing passing improvements followed by relapses; and some seem stalled for months while their willingness ripens in silence, and then, on reaching a certain threshold, make leaps that look inexplicable if one watches only the surface. The therapist's patience is thus a considered position before it is a personal virtue: not enduring the patient who does not advance, but recognizing that the time that seems to pass without fruit may be exactly the time the willingness needs. To force the process from outside, by pressing or introducing more aggressive techniques, usually forecloses the ripening that is happening within; respectful patience gives it room to arrive on its own.

For patients, this also changes how they regard their own process. The student who measures his progress by how quickly he "applies" the lessons is usually watching the wrong surface. What matters is not the apparent pace but the inner opening that is taking place, almost always invisible even to him. The useful question is not "am I going fast enough?" but "am I more willing today than yesterday to release what I hold against myself?" If the answer is yes, then even if everything looks the same from outside, the work is advancing.

**23** T-14.XI.4:4: "It may be very difficult for you to realize that you have NO BASIS AT ALL for ordering your thoughts." The statement discredits a claim common to students: that one can, by one's own criteria, direct one's own healing. One cannot, and the reason is exact: the criterion itself is sick to the same degree as the rest of the mind, so that if it were used to heal, healing would follow the template of the sickness. What looked like healing would be only a reorganization of the same egoic system dressed in spiritual appearance.

Hence the need for the Teacher. The Holy Spirit is not an external agent who comes to do the patient's work: He is the principle of health in the patient's own mind, which the patient reaches when he stops directing himself by his sick criterion. The patient's willingness—his consent to be guided by something other than his ego—opens the channel, and the Teacher does the rest, with that willingness as the only condition.

This has a concrete consequence for the consulting room. The Course's therapist does not teach patients "how" to heal, because any technical instruction would also come from the territory where the patient is sick. What the therapist can do is help him release the claim to know how, and open his willingness. The patient who is taught how to heal acquires a new method, but it is still his ego that applies it, with all its biases intact; the patient who is helped to release the claim to direct the process finds, in that releasing, the space where the Teacher

<sup>5</sup>Psychotherapy can only save him time.<sup>24</sup>

6. The Holy Spirit uses time as He thinks best, and He is never wrong.

<sup>2</sup>Psychotherapy, under His direction, is one of the means He uses to save

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begins to operate.

Progress stops only where willingness stops—never through the Teacher's incapacity, nor bad luck, nor fate. If progress has halted, it is because willingness has closed at some point. To locate that closure and help the patient open it is then the main work. And the closure is never final: as soon as willingness opens again, the Teacher resumes where He left off.

**24** "Saving time" is one of the Course's central concepts, and psychotherapy is presented here as one of its privileged instruments. The formula recurs throughout the Text and the Manual. T-18.VIII.4:6: "... (this course) aims at saving time." T-1.P89.2:8: "... (the miracle) literally saves time." M-2.3:4: "Their function (that of the teachers of God) is to save time." Every healing operation—the miracle, the holy relationship, the whole course, the teachers of God—has the same effect: to reduce the time the mind needs in order to recognize what it already is. Psychotherapy does the same.

This runs counter to common sense, which sees therapeutic time as the period needed to build something new: skills, understandings, a different personality. The Course sees it the other way around. Healing is not built up in time; it is already complete somewhere in the patient's mind. Therapeutic time is the period that mind takes to withdraw the defenses that covered what was already there. There is nothing to acquire, only less time needed to recognize what one already has. Psychotherapy is a shortcut, not a construction.

This changes the meaning of the craft. The psychotherapist does not assemble in the patient something the patient did not have before: he accompanies, and shortens the time in which the patient will remember what he is. The measure of clinical success is that shortening of time. Every session done well spares the patient months or years of needless suffering that would have continued without the work. Hence the concrete dignity of the craft: although its effects are not always immediately visible, its value is measured in suffering-time spared.

The same holds for the non-professional reader. Every genuine act of forgiveness saves time; every judgment withdrawn shortens the term. It is neither a competition nor an emergency, but pure economy of the mind. If the destination is assured—and the Course affirms this again and again—the only variable is how long one takes to arrive. To save time is to spare the fragmented Son of God a little more needless suffering each day, and any gesture that shortens that time, however small, is what the Course asks.

time, and to prepare additional teachers for His work.<sup>25</sup>

<sup>3</sup>There is no end to the help that He begins and directs.

<sup>4</sup>By whatever routes He chooses, all psychotherapy leads to God in the end.<sup>26</sup>

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**25** A teacher of God is someone who has healed his mind enough for the Holy Spirit to use him as an instrument of healing with others. It is not an academic degree or a state of perfection but a functional condition. And psychotherapy, according to the verse, is one of the chief means by which the Holy Spirit prepares such teachers.

The mechanism is straightforward. The patient who enters therapy carrying his own suffering and gradually heals his mind becomes, without setting out to, capable of healing the minds of others. Healing received passes into healing offered—not because he opens a practice or adopts a professional role, but because his very presence, with a clearer mind, heals those around him. Children, spouse, friends, coworkers receive, without any technical intervention, the benefit of having near them someone whose mind has lightened. These are the verse's "additional" teachers of God: not new clinicians but ordinary people in whom the healing operation has been activated by their own healing.

This gives the therapeutic work a reach that extends beyond the patient in front of one. Every patient who heals carries healing into his surroundings and multiplies it. A session done well affects not only the patient but the fifteen or twenty people he relates to, even though none of them knows a therapy is underway. The psychotherapist can keep this in mind without feeding grandiosity: his work, conducted behind closed doors, operates within a wider network he does not control and the Holy Spirit administers.

Conversely, the patient who is healing can come to recognize that his healing is not a private matter. Every judgment he withdraws frees not only him: it frees, to the same degree, those around him, who stop receiving his egoic version of how they are treated. This gives the student of the Course one more reason to continue: he heals not for himself alone but for all those his healing reaches by proximity. That is the quiet operation of the teachers of God, and psychotherapy is one of the places where the Holy Spirit prepares them.

**26** "Psychotherapy" comes from the Greek *psyche* and *therapeia*: the care of the psyche, of the mind or the soul. In its etymological sense, all psychotherapy is already religious, because to work on the psyche is to work on what connects a person to his origin. Modernity separated psychology and spirituality, but the word preserves the unity that separation dissolved.

The goal of the Atonement, or salvation, is the absolute relinquishment—true forgiveness—of the idea of being separate from God. All psychotherapy, insofar

<sup>5</sup>But that is up to Him.

<sup>6</sup>We are all His psychotherapists, for He would have us all be healed in Him.<sup>27</sup>

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as it truly heals, moves in that direction, even when the therapist does not name it as such and the patient does not seek it as such. The reason is structural: to heal the mind is to withdraw from it the beliefs that cause it to suffer, which are ultimately variants of the primary belief in separation; as these are withdrawn, the recognition of unity emerges. Whatever it is called, and under whatever vocabulary it operates, this is what the Course calls the remembrance of God.

To say that all psychotherapy leads to God is not spiritual rhetoric but a description of the mechanism. Any honest process, sustained long enough, arrives at the same place, because there is no other place to arrive at. The differences among schools, methods, and frameworks are differences of road, not of destination: some shorter and some longer, some more aware of where they are heading and some more blindly so. The common direction is inevitable, because the healed mind is one, and any work that lightens it carries it toward its natural state, which is union with its origin.

For the psychotherapist this functions as an underlying certainty. He need not quarrel with other orientations or defend an orthodoxy: any honest psychotherapy, done with care, reaches the same place. His task is to choose the road his temperament and training allow him to travel most cleanly, and to travel it as well as he can. The destination does not depend on the road but on whether one travels honestly. And if, after a long time, the work fails to lighten anything, the problem lies not in the method but in the honesty of one of the two sides of the relationship.

<sup>27</sup> The section's closing sentence carries the term to its limit. We are all psychotherapists of the Holy Spirit, because He operates through anyone willing to be used, and in any relationship where healing can occur. In this fullest sense, psychotherapy is neither a profession nor a discipline: it is the natural way of any mind that has begun to heal when it is with another.

So the section's arc closes. It began by affirming that psychotherapy is the only form of therapy there is; it went on to show that its purpose is to heal the mind; and it ends by saying that we are all its instruments. If psychotherapy is mental healing, and mental healing occurs in relationship, and any honest relationship can heal, then anyone, at any moment, may be practicing it in this sense of the Course—not improvising professionally or opening a practice, but being available for the Holy Spirit to use when the occasion arises.

The occasions are countless and almost always invisible to the one who passes through them. The recognized form is the psychiatrist in the consulting room. But

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so is the parent who listens without judging to the child who has made a serious mistake, the friend who receives another's anguish without minimizing it, the spouse who holds in silence through a crisis, the stranger whose mere presence, in someone's bad moment, conveys a calm that cannot be explained. All are, according to the reach of their willingness, instruments of the same work, and all are being prepared to offer it with ever less effort.

The verse closes the supplement's arc here, with a conclusion that applies equally to the professional and the lay student. Your work is wider than you think: every significant relationship you enter is already a psychotherapy in progress, and its quality depends only on your willingness to release your own version and to let the Holy Spirit operate through you. When this becomes habitual, the occasions are no longer sought: they are recognized in passing, attended to as they ask, and released afterward without accumulating. That is the quiet operation of God's psychotherapist, and we are all called to be one.

