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Abstract

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Keywords

Renunciation, Bhakti, Gaudiya Vaisnava, Sadhana, Hinduism, Cognitive science, Cognitive historiography, Religion and cognition, Connectionism, Comparative religion

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Article

Transforming Adverse Cognition on the Path of *Bhakti*: Rule-Based Devotion, “My-Ness,” and the Existential Condition of Bondage

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Keywords: renunciation; *bhakti*; Gauḍīya Vaiṣṇava; *sādhana*; Hinduism; cognitive science; cognitive historiography; religion and cognition; connectionism; comparative religion

1. Introduction

Among a wide range of Indian religious and philosophical traditions, bodily existence is a fundamental problem because it subjects us to a range of trials and tribulations. No matter how good we have it, we are subject to the mental and physical pains that we all experience in the course of life, whether from illness or injury, fear of death, loss, or what have you. The source of these miseries (*duḥkha*) is widely attributed to identification (*abhimāna*) with the psychophysical complex of a material body. This occurs due to a mistaken apprehension (*avidyā*) of one’s intrinsic nature or natural existential state apart from the body, which results in an existential condition of bondage (*bandha*). It is an existential condition because it pertains to a particular condition or state of one’s existence. It is a condition of bondage because such identification obscures one’s intrinsic nature and potential (or the lack of an intrinsic nature, as in the case of much Buddhist thought) apart from the body; subjects one to the impulses, limitations, and miseries of the body; and perpetuates one’s mistaken identity with successive physical bodies in a cycle of repeated birth and death (*saṃsāra*) [1,2].

One of the principle problematic cognitive tendencies that results from identification with a material body is the tendency to relate to products of the mundane world as if they were one’s own. Within the traditions of Sāṃkhya-Yoga, Vedānta, and related traditions and literature, such as the

Purāṇas, this state of mind is often referred to as the state of “my-ness” (*mamatā*). It is the state of mind or feeling that is expressed through the use of the possessive pronoun towards the products of the manifest world (*prakṛti*) in which we live, e.g., my home, my children, my relatives, my wealth, or any other object, situation or activity towards which one feels an implicit or explicit sense of ownership or possessiveness. The *Bhāgavata-Purāṇa* for example, frames such thoughts and feelings of “my-ness” as a problem because they lead to desires (*kāma*), greed (*lobha*) and other mental impurities ([3], 3.25.16, 7.7.20, 5.19.15, 7.1.23–24, 10.20.39). Such states of mind are viewed as mental impediments (*kleśa*) to soteriological-related goals because they lead one to engage in various kinds of mundane actions (*karman*). These actions, in turn, reinforce and perpetuate a living being’s misapprehension of its intrinsic transcendent nature and its existential condition of bondage. This occurs continually until one develops a correct apprehension of one’s true nature apart from identity with a particular material body and becomes liberated, or returned to one’s natural existential state [1].

In order to become free from this existential condition of bondage and the psychological and behavioral tendencies that characterize and perpetuate it, Indian traditions have developed and advocated different *mārgas*, or “paths” of transformation. *Mārga*-theory, Buswell and Gimello argue ([4], p. 3), refers to a “theory according to which certain methods of practice, certain prescribed patterns of religious behavior have transformative power and will lead, somehow necessarily, to specific religious goals.” In the Hindu context for example, various competing paths of *yoga* (*yoga-mārga*), paths of knowledge (*jñāna-mārga*) and paths of devotion (*bhakti-mārga*) advocated and emphasized particular methods for bringing about freedom from bondage relative to their particular metaphysical premises and soteriological goals [2,5]. Among these is the path of devotion that early Gauḍīya Vaiṣṇava theologians formulated and developed during the 16th and 17th centuries. It has since become one of the most recognizable and practiced forms of devotion both inside and outside of India.

Early Gauḍīya theologians celebrate Kṛṣṇa, a widely recognized Hindu deity, as the supreme and personal deity and exclusive object of devotion. The goal of this path however, is not merely or even primarily release from bondage. Rather, the primary goal (*sādhya*) is to develop an intimate form of sustained love (*bhāva*) for Kṛṣṇa. A love that, under the right conditions, can develop into a rapturous form of transcendent love (*premā*) and enter into a selfless loving relationship with Kṛṣṇa in the context of his eternal pastimes (*līlā*) [5,6]. The psychological and behavioral tendencies that are symptomatic of and perpetuate the existential condition of bondage, including thoughts and feelings of “my-ness,” are recognized as impediments to these goals.

In order to overcome these tendencies and reach these goals, early Gauḍīya theologians recommended faithful engagement in a range of devotional practices (*sādhana-bhakti*) without the need of any separate endeavors or processes ([7], pp. 21–25; [8], 1.1.11, 1.1.17–26, 1.1.44; [9], anu. 56). The practices they recommended are divided into two complementary sets: “rule-based devotion” (*vaidhi-bhakti*) and “imitative devotion” (*rāgānuṅga-bhakti*). Rule-based devotional practices are for those whose devotion is motivated by the instruction of scripture ([8], 1.2.6). They are typically the focus of the first stage of one’s devotional journey, though some of them are recognized as helpful throughout ([8], 1.2.296). Imitative devotional practices are for those whose devotion is motivated by an intense desire (*lobha*) for developing one of the loving emotional states for Kṛṣṇa that are exhibited by recognized paradigmatic models of devotion ([8], 1.2.291). When such a person hears about those emotional states, it is said to bring about an intrinsic and overriding attraction that causes the mind to proceed without regard for reason or scriptural rights and wrongs ([8], 1.2.292).

In light of these concerns, goals, and methods, several questions arise. Why, for example, would engagement in these practices be helpful for modulating and overcoming what are viewed as soteriologically undesirable, psychological, and behavioral tendencies that serve as impediments to the goals of devotion? Are claims to this effect reflective of psychological changes that can be expected to occur? Or are they more reflective of hermeneutical maneuvering in response to competing soteriological paths and the rise of emotional forms of devotion that had been sweeping the

subcontinent, which has been the primary focus of historical research on the Gauḍīya tradition? Are there any instances of parallel kinds of practices for bringing about parallel kinds of psychological changes in non-religious contexts? And if there are, how can we explain those parallels in the framework of contemporary cognitive and psychological research?

The aim of this paper is to explore these questions, particularly the relationship between faithful engagement in the practices of rule-based devotion and soteriologically desirable changes in one's thoughts and feelings of "my-ness" towards mundane products of the world. To do this, I use the therapeutic model of schema therapy as a heuristic analogue in light of parallels it shares with the path of devotion and because of recent empirical evidence indicating its effectiveness. These parallels, I argue, suggest that rule-based devotional practices function as learning strategies that can systematically rework how one thinks about particular objects or situations in ways that bring about desirable cognitive, emotional and behavioral changes. I conclude by suggesting that connectionist theories of cognition and learning may offer a promising avenue for explaining why the practices of rule-based devotion and schema therapy are likely effective methods to these ends.

The purpose of this analysis is fourfold. The first is to draw attention to the understudied role of rule-based devotional practices for helping a person become free from undesirable psychological and behavioral dispositions that impede reaching the path's ultimate goals. This relationship has implications for how we understand, for example, the role that recommended practices may play in helping a faithful practitioner bring about psychological changes that are viewed as critical to tradition's loftier goals. It also has implications for how we interpret early and continuing Gauḍīya formulations, theological developments and historical developments, e.g., what variables may or may not have played a role in establishing the Gauḍīya tradition's successes in the beginning and over time. The second is to provide a basis from which to develop potentially testable hypotheses around which experimental and quasi-experimental designs can be constructed and implemented. Such research can then be used for generating quantitative evidence for strengthening, weakening, or reconsidering the working hypotheses. It also creates opportunities for collaboration and provides a reasoned basis from which to seek funding for developing and/or implementing well-designed research. The third purpose is to highlight the value of using contemporary psychological research and theories in historiographical studies of religious traditions for interpreting historically embedded religious claims and development [10]. The fourth is to illustrate the potential value of using non-religious phenomena about which more is empirically known as heuristic tools for interpreting religious phenomena and claims in either contemporary or historical contexts [11].

2. Method

I use the therapeutic model of schema therapy as a heuristic tool for two reasons. The first is because of critical parallels it shares with the path of devotion's rule-based devotional practices and goals, differences notwithstanding. In both contexts parallel *kinds* of cognitive, behavioral, emotional and relational practices are recommended for bringing about fundamental changes in how a person cognitively processes and responds to particular kinds of situations or information." These parallels suggest similar psychological dynamics may be at play in both. The second reason is because recent reviews of empirical studies of schema therapy have indicated it is effective for helping patients reach their therapeutic goals [12–15]. While the specific variables and variable interactions to which this efficacy can be attributed have not been determined, the collective evidence and parallels it shares with the path of devotion suggest it is a useful heuristic model for the purposes of this analysis.

For comparative purposes, I reframe the therapeutic model of schema therapy as the "transformative therapeutic path of schema therapy" and the path of devotion as the "transformative soteriological path of devotion." I do this for several reasons. First, the path metaphor is an instance of what philosophers and psychologists refer to as an image schema. Gibbs defines an image schema as "dynamic analog representations of spatial relations and movements in space" that are derived from perceptual and motor processes and serve as the primary means by which we structure our experience

of the world” ([16], pp. 90–91). Because of their biological derivation, image schemata operate as metaphors for organizing information that are used in most, if not all, cultures. Consequently, the path metaphor has significant potential as a comparative trope around which to set up meaningful intercontextual comparisons between two systems of transformation that are separated by time, culture and specific transformative purposes [11]. Second, reframing the model of schema therapy as a path organizes the comparison around a metaphor that is used self-referentially in a broad range of South Asian religious traditions, including the Gauḍīya tradition. In so doing, it pays heed to scholarly critiques of comparative methods that use western-derived categories for framing analyses of non-western religious phenomena, ideas and traditions [17]. Third, the term “transformative” clearly conveys the transformative purposes of each model, while the use of the term “therapeutic” and “soteriological” preserve the differences of these. Fourth, it provides an intuitive and clear method for comparatively discerning their respective parallels and differences following the basic elements of any path structure, *viz.* their respective starting points, goals, and methods or means of getting from here to there.

For presenting and analyzing the transformative soteriological path of devotion, I draw on early theological material developed in the context of 16th century normative Gauḍīya Vaiṣṇava theological discourse. In particular, I draw on the principle works of three of the most recognized and influential early theologians, who are responsible for developing and articulating the Gauḍīya Vaiṣṇava path of devotion: The *Bhaktirasāmṛtasindhu* (1541) of Rūpa Gosvāmin, the *Bhāgavata-sandarbhā* (ca. 1555–1561) of Jīva Gosvāmin and the *Caitanya-caritāmṛta* (ca. 1615) of Kṛṣṇadāsa Kāvīrāja. For contextual purposes, I also at times draw on relevant sections of the *Bhāgavata-Purāṇa*, which early Gauḍīya theologians accorded the highest scriptural authority and which serves as the cornerstone of early Gauḍīya theological hermeneutics ([18], anu. 18–26; [19]). For presenting and analyzing the transformative therapeutic path of schema therapy, I primarily draw on the therapeutic manual, *Schema Therapy*, which was written with the hope that it would become the “Bible” for clinical implementation of the model.

3. Starting Points: Adverse Cognitive Conditions and Their Development

3.1. The Transformative Soteriological Path of Devotion

In order to reach the ultimate goals of the path of devotion, an aspirant needs to become free from the binding psychological and behavioral tendencies that prevent a person from realizing his or her intrinsic nature and potential relative to Gauḍīya understandings of reality. This understanding has two broad but complementary dimensions: *śaktimat*, the “possessor of *śakti*,” which is the substantive cause of reality and *śakti*, or “power,” “energy,” “capacity,” or “ability,” which refers to the active feature of the substantive cause. The former is cast as the overarching masculine principle of reality and has three distinct but complementary aspects: *brahman*, *paramātman*, and *bhagavān* ([3], 1.2.11; [7], pp. 32–39). *Brahman* is the impersonal aspect of the godhead that constitutes the formless ground of all being. *Paramātman* is the localized aspect of the godhead that pervades and oversees the cosmos. And *bhagavān*—the most complete and perfect expression of which is Kṛṣṇa—is the personal dimension of the *śaktimat* under whose control are the various aspects of *śakti*. *Śakti*, on the other hand, is cast as the subordinate feminine principle that serves as the instrumental means by which the various dimensions of reality are expressed. The significance of Kṛṣṇa’s *śakti* is hard to understate because, as Gupta ([7], p. 40) notes, “all his other attributes can be subsumed within it, for everything about the Lord—his form, abode, activities, excellences, associates and his creation—is a manifestation of his infinite energy.”

Jīva discusses the three overarching divisions of *śakti* in his *Bhakti-sandarbhā* ([9], anu. 198). The first is his *antaraṅga-śakti*, or “intrinsic energy/power.” This power constitutes and activates the various bodily forms of Kṛṣṇa and the transcendent realm in general. The highest dimension of this realm is Kṛṣṇa’s celestial abode of Vṛndāvana, which is replete with forms, colors and sensory delights

of all sorts that facilitate the intimate exchanges of pure love and devotion between Kṛṣṇa and his most intimate devotees [20,21]. The second major division is the *bahiraṅga-śakti*, or “extrinsic energy/power,” which is also known as his *māyā-śakti*, or his “delusional energy/power.” This *śakti* is responsible for constituting and activating the manifest mundane realm of ordinary reality (*prakṛti*). The third major division is the *taṭastha-śakti*, or “marginal energy/power,” which is situated between the *antaraṅga*- and *bahiraṅga-śakti*. This *śakti* constitutes the multitude of discrete living beings who fall under the jurisdiction of either the intrinsic or extrinsic energies of the godhead. It is also referred to as *jīva-śakti* or the “life energy/power.”

Gauḍīya theologians describe the multitude of discrete living beings as “parts” (*aṁśas*) of Kṛṣṇa of which there are two kinds: those whose awareness is always directed towards Kṛṣṇa and who enjoy the happiness of service and those whose awareness is always directed away from Kṛṣṇa due to a lack of knowledge about him ([8], 1.2.245; [9], anu. 1; [22], 2.2.6–10, 2.22.8–12; [23], anu. 47). Jīva describes those whose awareness is turned away from Kṛṣṇa as coming under the jurisdiction of his delusional power (*māyā-śakti*). This delusional power conceals a living beings’ knowledge of their intrinsic nature (*tan-māyayāvṛta-sva-svarūpa-jñānānām*) and leads them to identification with the mundane realm and the psychophysical complex of a material body ([9], anu. 1). In this existential condition of bondage, a living being experiences the various kinds of physical and psychological pains and pleasures of the material bodies with which one identifies in a continuous cycle of successive births and deaths (*saṁsāra*) ([9], anu. 316; [23], anu. 30–31, 45).

Gauḍīya notions of embodiment are informed by Sāṃkhya metaphysical principles, as is the case for many Indian philosophical and religious traditions ([23], anu. 53; [24], pp. xxi–xxiii, xxv–xxx; [25], pp. 3–18). Drawing on these principles, particularly as they are represented in the *Bhāgavata-Purāṇa*, early Gauḍīya theologians recognized not only the perceptible material body, which is constituted of the gross elements, *viz.* space, wind, fire, water and earth, but also a cognitive apparatus, which is referred to as the internal instrument (*antaḥkaraṇa/antarātmika*) ([23], anu. 68, 72). This internal instrument refers to the collection of materially based cognitive functions and most closely resembles what is referred to in contemporary English contexts as the “mind” ([26], p. 229). It is responsible for processing and making sense of information derived from the world, while providing one with a particular subjective concept of self relative to the particular material body with which one identifies. Of the various mental functions that constitute this cognitive apparatus, the most critical to understand for the aims of this paper is the “I-maker” (*ahaṁkāra*). The “I-maker” is the medium through which a living being identifies with a particular psychophysical complex of a material body. It is what shapes a living being’s subjective sense of self relative to a particular type of body ([3], 3.26.16–31, 11.13.29, 11.28.15, 12.4.34; [23], anu. 29). Edelmann ([27], pp. 65–66) describes it as functioning “like a glue, binding consciousness, the observer of all the mental functions and the physical world, to the body and mind.”

When a living being mistakenly conceives of oneself as the psychophysical complex of a material body through the medium of the “I-maker,” it immediately leads to fundamental cognitive-related problems that both exemplify and perpetuate a living being’s existential condition of bondage. One of the most critical of these is the mistaken sense of relationship to the world and its mundane products that is implicitly and explicitly expressed through the sense of “my-ness”—the state of mind or feeling that is expressed through the use of the first person possessive pronoun in relation to the products of the manifest world (*prakṛti*) ([3], 5.19.15, 10.20.39; [8], 4.3.33; [9], anu. 316; [23], anu. 45–46). This mistaken way of cognitively relating to the products of the world, along with one’s mistaken sense of self, or “I-ness” (*ahaṁ/ahaṁtā*) that results from identification with a material body, leads to mundane desires (*kāma*), greed (*lobha*) and other mental impurities ([23], anu. 45). These in turn motivate a deluded living being to engage in actions (*karman*), which in turn influence one’s future destiny (*daiva*) and leaves mental impressions (*saṁskāras*) that are responsible for the various psychological inclinations and dispositions that characterize one’s particular nature (*svabhāva*) ([23], anu. 53). According to the *Bhāgavata-Purāṇa* ([3], 11.22.36–37), this continuity of consequences through lifetimes is possible

because the mental impressions modify one's mind, which accompanies the transcendent self (*ātman*) in the cycle of transmigration. This relationship is expressed through Jīva Gosvāmin's citation of Śrīdhara Svāmin ([23], anu. 53), who analogizes it to the relationship between that of a seed and a plant when he states that "mundane activity (*karman*) is of the nature of the seed that comes from the body (*deha*) and the body is of the nature of the sprout and so on in a mutually causal cycle (*pravaha*)."

In sum, the fundamental problem of thoughts and feelings of "my-ness" towards products of the mundane world is that it motivates a deluded living being to engage in mundane activities. Such activity, in turn, perpetuates a living being's mistaken identification with various psychophysical complexes of material bodies and the inherent suffering resulting in a continuous cycle of successive births and deaths. This existential condition of bondage continues until a deluded living being becomes free from the mistaken apprehension of one's intrinsic nature and no longer identifies with the psychophysical complex of a material body. Accordingly, a critical step in the course of reaching the goals of devotion is to become free from one's sense of possessiveness, or "my-ness," towards any particular mundane product.

3.2. The Transformative Therapeutic Path of Schema Therapy

In contrast with the transformative soteriological path of devotion, the transformative path of schema therapy is primarily a form of cognitive-behavioral therapy. It was developed by Jeffrey Young and colleagues for helping treat patients who are diagnosed with personality disorders achieve emotional relief from persistent forms of psychological distress and accompanying dysfunctional behavior [28]. Young *et al.* theorize ([28], p. 7) that the source of a patient's psychological distress and behavior is due to self-defeating cognitive patterns, which they refer to as "Early Maladaptive Schemas." Constituted of memories, emotions, cognitions and bodily sensations, they are thought to have developed in the course of early childhood as a means of adaptively managing and making sense of persistent social relationships that did not adequately meet a child's core emotional needs. When these schemas persist into adulthood, particular kinds of situations can unwittingly trigger them, leading to dysfunctional cognitive, behavioral and emotional responses, despite the absence of the originating circumstances. An example of an Early Maladaptive Schema is what Young *et al.* ([28], p. 13) refers to as a "Defectiveness schema," which is "the feeling that one is flawed, bad, inferior, or worthless and that one would be unlovable to others if exposed." This schema is theorized to develop as a result of having been consistently marginalized, criticized, rejected, or otherwise unloved by a primary caretaker during early childhood. As a result, relationships with a significant or potentially significant other may trigger the schema and lead the patient to persistently feel inferior or flawed. To cope with the psychological stress that results when the schema is triggered, a person may adopt various kinds of dysfunctional response behaviors, e.g., avoiding getting close to people or adopting a devaluing, critical, and/or superior attitude toward others. Accordingly, a critical step towards relief from the persistent forms of psychological distress and accompanying dysfunctional behavior is to change the cognitive patterns responsible them.

3.3. Comparative Analysis

At a particular level of analysis, the transformative therapeutic path of schema therapy and the transformative soteriological path of *bhakti* could not be more different. What is to be changed on the path of the former are self-defeating cognitive patterns, which are composed of memories, emotions, cognitions and bodily sensations. These undesirable cognitive patterns are theorized to have developed in early childhood or adolescence as a result of not having one's emotional core needs met in one way or another. On the transformative soteriological path of devotion what is to be transformed include thoughts and feelings of "my-ness" over anything that is theologically viewed as mundane and the behavior these motivate. This way of thinking about and relating to the world and its products is believed to arise from a mistaken sense of identification with the psychophysical complex of a material body, due to a primordial misapprehension of one's intrinsic and transcendent nature.

Despite their respective differences however, in both cases what are to be changed are undesirable ways of cognitively processing and responding to particular kinds of information. In the case of the person diagnosed with a Defectiveness schema, what should be changed are the default ways in which he or she interprets and emotionally and behaviorally responds, for example, to a significant other or thoughts of a significant other. In the case of the person who has thoughts and feelings of “my-ness” towards anything mundane, e.g., the domicile in which one lives, the children who are born to one, or wealth gained through work or fortune, what should be changed are the default ways in which he or she interprets and responds to these.

4. Goals: Transforming Adverse Cognitive Conditions

4.1. *The Transformative Soteriological Path of Devotion*

The ultimate goals on the path of devotion are to become free of miseries that are inherent to the existential condition of bondage, to develop supreme love for Kṛṣṇa and to enter into an eternal loving relationship with Him in the context of his divine play. In the course and consequence of reaching these goals, a living being also needs to become free from the psychological dispositions and behavioral tendencies that characterize and perpetuate the existential condition of bondage. These include becoming free from the misapprehension of one’s intrinsic nature, one’s mistaken sense of self-identity with the psychophysical complex of a material body, thoughts, and feelings of “my-ness” towards mundane objects and engagement in actions (*karman*) that these motivate.

4.2. *The Transformative Therapeutic Path of Schema Therapy*

The ultimate goal on the path of schema therapy is for the patient to find emotional relief and freedom from dysfunctional behavior that contributes to a patient’s emotional distress. Critical to the attainment of these goals is, as Young *et al.* note ([28], p. 31), to “heal the intensity of the memories connected to the schema, the schema’s emotional charge, the strength of the bodily sensations and the maladaptive cognitions.” The term “heal” in this context refers to weakening the undesirable ways in which a patient interprets and emotionally and behaviorally responds to particular kinds of triggering information, e.g., a significant other, and replaces these with more desirable adaptive ways of responding.

4.3. *Comparative Analysis*

At the level of individuality, the respective goals of the transformative therapeutic path of schema therapy and the transformative soteriological path of *bhakti* are quite different from each other. The end goal of schema therapy is to bring about long term relief for a patient from psychological distress and dysfunctional behavior for the sake of living a qualitatively better life. The end goal of the path of devotion, on the other hand, is to develop a highly intense emotional state of loving rapture and become a participant in Kṛṣṇa’s eternal pastimes. One is a therapeutic goal pertaining to this life. One is a soteriological-related goal pertaining to both this life and life after the body dies.

Despite these differences, stepwise goals important to both, share important parallels. In both cases it is critically important to modulate and replace undesirable ways of interpreting and responding to particular kinds of information with desirable ways relative to their respective assumptions and goals. For the person diagnosed with a Defectiveness schema on the path of schema therapy for example, a stepwise goal may be to manage and replace a patient’s maladaptive ways of interpreting and responding to a significant other with adaptive ways. For the person who has thoughts and feelings of “my-ness” towards something viewed as mundane, stepwise goals also include managing and replacing those with more theologically desirable ways of interpreting and responding to the same.

5. Means/Methods: Methods for Transforming Adverse Cognitive Conditions

5.1. The Transformative Soteriological Path of Devotion

The principle means through which a devotee brings about these changes and reaches the goals of the path is through faithful engagement in recommended practices of devotion (*sādhana-bhakti*) that engage the physical body, senses and mental faculties ([8], 1.2.94). Faith (*śraddhā*) in this context, as Lutjeharms argues, “is a type of respect (*ādara*), a form of trust (*viśvāsa*) and is directed to whatever action a person considers worthy of pursuing” ([29], pp. 104–5). It is a mental attitude of confidence or conviction that the recommended practices will lead to the desired goal. Faithful engagement in devotional practices has the power to free one from the mistaken misapprehension (*avidyā*) of one’s intrinsic nature and the psychological and behavioral tendencies that result from identifying with a body, which includes thoughts and feelings of “my-ness” towards the mundane ([8], 1.1.17–18, 1.1.25–26, 1.1.44). It has this power because devotion, according to tradition, is ultimately a manifestation of Kṛṣṇa’s intrinsic power rather than his inferior extrinsic power ([8], 2.5.92). These practices are divided into two complementary sets of practice: “rule-based devotion” (*vaidhi-bhakti*) and “imitative devotion” (*rāgānuṅga-bhakti*). Rūpa defines rule-based devotion as devotion to Kṛṣṇa that is motivated by the instruction of scripture; it is typically the first phase of devotional engagement. Such practices help direct a devotee’s awareness away from absorption in the mundane and towards absorption in Kṛṣṇa and the transmudane more generally ([8], 1.2.245; [9], anu. 310–312). In so doing, they modulate a devotee’s thoughts, desires, and behaviors and steep the devotee in the Gauḍīya Vaiṣṇava worldview and theology. When an intense intrinsic desire (*lobha*) develops for attaining one of the loving emotional states (*bhāva*) that is expressed by recognized paradigmatic models of devotion, it marks one’s eligibility for practicing imitative devotional practices ([8], 1.2.6; 1.2.270–296). These loving emotional states are coveted because they naturally direct and immerse one’s awareness in thoughts of and feelings for Kṛṣṇa ([8], 1.2.270–296).

Among the recommended practices of rule-based devotion, taking initiation from, following the instructions of and serving a qualified *guru*—a spiritual teacher who is viewed as capable of guiding the devotee on the path of devotion—are particularly important ([8], 1.1.74, 1.1.83; [30]). Under a *guru*, a devotee becomes ritually linked to the lineage (*sampradāya*) of teachings, submissively learns about the path of devotion, and engages in devotional practices. Other practices of rule-based devotion include for example, following the path of saintly persons (*sādhus*); serving and worshipping the divine image of Kṛṣṇa (*mūrti*) in the context of a temple or designated place of worship; inquiring into the nature of reality; living simply and giving up mundane pleasures; living in sacred places of pilgrimage; marking the names of Kṛṣṇa on one’s body; listening (*śravaṇa*) to the stories of Kṛṣṇa and the meanings of the *Bhāgavata Purāṇa* from those who are considered spiritually advanced; keeping the company of affectionate saintly persons; remembering Kṛṣṇa; singing the various names of Kṛṣṇa (*nāmasaṁkīrtana*); quietly chanting the sacred names of Kṛṣṇa (*japaḥ*); observing dietary laws; and engaging in various ritual and meditative practices focused on Kṛṣṇa among other practices, ([8], 1.2.74–244). One is expected to engage in these practices, especially the practices of hearing and singing about Kṛṣṇa, until and even after one becomes eligible to engage in practices of imitative devotion.

Central among the practices of imitative devotion, the second phase of devotional practice is the practice of *līlā-smaraṇa*, which is a contemplative recollection of Kṛṣṇa’s eternal pastimes. These practices consist of esoteric visualization and meditative practices in which one for example, envisions oneself as a participant in Kṛṣṇa’s *līlā*, fashioning one’s behavior and emotional states after recognized paradigmatic models of devotion. In his excellent study on the practices of imitative devotion, Haberman argues that the goal of practicing *līlā-smaraṇa* “is to achieve a direct vision (*sākṣāt-darśana*) of Kṛṣṇa and his dramatic world” ([6], p. 126). The particular kinds of love (*bhāva*; *rati*) that can be developed through the practices of imitative devotion include that of a friend for his friend, a parent for his or her child, or a lover for her beloved. Of these, the amorous form of love that a young girl has for her beloved is celebrated as the highest type of love when directed towards Kṛṣṇa due to

its high degree of intensity and intimacy. These forms of love are cultivated and modeled after the paradigmatic models of devotion in whom they are viewed as most perfectly expressed.

5.2. *The Transformative Therapeutic Path of Schema Therapy*

Once a therapist and patient have mutually agreed that schema therapy is the best mode of treatment for a patient's problems, the principle means through which a patient attempts to reach various therapeutic goals and stepwise goals on the path of schema therapy is through engagement in a range of therapeutic strategies. These strategies are arranged into four domains: cognitive, experiential, behavioral, and relational. In terms of cognitive strategies, the first principle practice is to test the validity of an Early Maladaptive Schema, which involves "examining objective evidence for and against the schema" ([28], p. 94). In order to help the patient come up with a list of evidence that counters the schema, the therapist may ask leading questions to elicit disconfirming evidence. Young, Klosko, and Weishaar give the example of a patient named Shari: If a patient has a Defectiveness schema such as Shari does, the therapist might ask, "Has anyone ever loved you or liked you?," "Do you try to be a good person?," "Is there anything at all good about you?" ([28], p. 96). The questions are worded in such a way as to elicit positive information that has historically been downplayed in the life of the patient, while de-emphasizing evidence that might support the maladaptive schema. The goal of this practice is to help the patient become aware of the ways in which he or she tends to automatically discount evidence that disconfirms the maladaptive schema. A second strategy is to reframe the evidence that seems to support the interpretations generated by an Early Maladaptive Schema and come up with alternative interpretations with the aim of discrediting the former. In the case of a patient diagnosed with a Defectiveness schema for example, a person may feel that the reason his or her father did not pay enough attention to him or her as a child is because he or she had been undeserving of the father's attention and love. To counter this schema-driven interpretation, the therapist may reframe the evidence that a patient believes supports it. For example, pointing out that the reason for a father's neglect may not be due to any inherent defect or fault of the patient, but rather due to the father's own inability to feel or express love. Based on what the therapist has learned about the family dynamics in which the patient was raised, he or she may then point out other evidence for this alternative interpretation.

A third strategy involves evaluating the advantages and disadvantages of the ways in which a patient copes with and manages an Early Maladaptive Schema. The goal of this practice is to help a patient come to recognize the self-defeating nature of the schema-driven coping style and the psychological value of replacing it with more adaptive behaviors. A fourth strategy involves conducting dialogues between the schema-driven interpretation and an alternative healthy interpretation, the goal of which "is for patients to learn how to play the healthy side on their own, naturally and automatically" ([28], p. 101). Once an evidence-based alternative interpretation has been sufficiently countered, a therapist advocates a fifth cognitive strategy which is to write out flash cards. Young, Klosko, and Weishaar ([28], p. 104) suggest that these flash cards "summarize healthy responses to specific schema triggers" and "contain the most powerful evidence and arguments against the schema and provide patients with continual rehearsals of rational responses." The sixth strategy involves keeping a "schema diary" with which patients "construct their own healthy responses as their schemas are triggered in the course of their daily lives," which includes identifying "the trigger events, emotions, thoughts, behaviors, schemas, healthy views, realistic concerns, overreactions and healthy behaviors" ([28], p. 107).

Experiential strategies involve using imagery and visualized dialogues for triggering and healing the emotions that are connected to Early Maladaptive Schemas. A central strategy includes, as Young *et al.* write ([28], p.123), conducting "dialogues in imagery, both with the people who caused their schemas in childhood and with the people who reinforce their schemas in their current lives." As a patient makes progress on the path of schema therapy, the therapist encourages the patient to express strong emotions in the context of visualized dialogues, the purpose of which is to empower the patient

to distance oneself from and counter the schema. Another central strategy involves the therapist entering the patient's imagined dialogue. The purpose of this practice is to help the patient heal the emotions through partially meeting unmet childhood emotional needs. It also allows the therapist to serve as a model to help the patient develop healthier and more balanced ways of interpreting and responding to situations that trigger the Early Maladaptive Schema.

Behavioral pattern-breaking strategies target the patient's behavioral coping styles and responses to an activated Early Maladaptive Schema. They serve to help patients replace their schema-driven patterns of behavior with healthier response behavior. Young *et al.* consider it to be "the longest and in some ways, the most crucial part of schema therapy," without which a patient will have a tendency to relapse ([28], p. 146). The principle behind these strategies is to adopt behaviors that will weaken the maladaptive schema while reinforcing the adaptive one that the therapist and patient have been working to establish. After determining what specific behaviors are to be changed, the therapist helps the patient evaluate their advantages and disadvantages, come up with alternative desirable behaviors, make a connection with its origins in childhood, and rehearse adaptive behavioral responses to schema-triggering situations through imagery techniques. This continues until the patient and therapist are ready to agree on a behavior-changing homework assignment. This assignment involves the patient replacing the maladaptive behavior with healthy behavior in the context of real life situations. The change of behavior is often facilitated with the aforementioned flash cards that note the schema, the maladaptive behaviors it elicits in the patient, and adaptive forms of behavior for replacing the maladaptive responses.

Relational strategies refer to those that emerge from and in relationship to the therapeutic relationship itself. Through this relationship, the therapist helps a patient recognize and confront the fact that his or her schema-driven beliefs are, as Young *et al.* note ([28], p. 92), "inaccurate and lead to unhealthy life patterns that patients must change in order to improve." It also helps meet the patient's emotional needs that are thought to contribute to the development of Early Maladaptive Schema. Relational strategies involve the therapist assuming stances of "empathic confrontation" and "limited reparenting" in the context of the therapeutic relationship ([28], p. 177). Through "empathic confrontation" the therapist empathizes with the reasons for which a patient believes he or she has developed particular beliefs about themselves, but at the same time confronts "the fact that their beliefs are inaccurate and lead to unhealthy life patterns that patients must change in order to improve" ([28], p. 92). "Limited reparenting" refers to the strategy of meeting the patient's emotional needs that he or she was deprived of in relationship to his or her early caretakers, which are thought to have contributed to the development of the Early Maladaptive Schema. In this practice for example, the therapist may enter a patient's visualization dialogue between the patient and primary caretaker and attempt to comfort or nurture the patient in ways that help the patient meet those needs.

5.3. Comparative Analysis

The means of bringing about desirable cognitive, emotional and behavioral changes on each of these transformative paths are distinctly different from one another, in terms of their specifics. The particular practices advocated on the path of schema therapy are geared towards changing patterns that are theorized to have developed as a result of early childhood circumstances. These practices are based on a range of clinical practices and theories of learning, especially those that use cognitive-behavioral therapy. On the other hand, the particular practices advocated on the path of devotion are geared towards changing patterns that are theologically construed as resulting from a mistaken identification with a material body, while cultivating intimate feelings of love for Kṛṣṇa. These practices which engage the physical body, the senses and mental faculties, are based on practices and metaphysical theories drawn from a variety of scriptural and non-scriptural sources found in the annals of Indian religious and philosophical history with particular deference to the *Bhāgavata Purāṇa*.

Despite these and other differences at the level of particularities, aspirants of either path are expected to have confidence that the means of traversing the path will be effective. In the Gauḍīya

context this confidence is expressed in terms of “faith” (*śraddhā*) and in schema therapy it is expressed through an explicit agreement between the patient and therapist. Furthermore, advocates of both paths recommend the aspirant systematically engage in a range of cognitive-related and behavioral-related practices for bringing about cognitive, emotional and behavioral changes that are similar in kind. In both cases, the recommended practices involve (1) learning to recognize what are viewed as undesirable cognitive, emotional, and behavioral patterns and the reasons for which these have developed; (2) learning alternative, desirable ways of interpreting, emotionally, and behaviorally responding to what triggers these undesirable patterns; (3) practicing these alternative responses.

5.3.1. Learning to Recognize Undesirable Cognitive, Emotional and Behavioral Patterns

Schema therapy also utilizes several different kinds of practices to help patients learn to recognize undesirable cognitive, emotional and behavioral patterns. Cognitive practices are used for helping a patient examine the evidence for and against the truth of the Early Maladaptive Schema, evaluate the advantages and disadvantages of coping strategies, and identify schema triggers. Experiential strategies such as visualization techniques, help the patient recognize the presence of a schema and the external circumstances that led to its development, empowering the patient to change the schema. And relational strategies such as the therapeutic relationship, help the patient recognize that their schema-driven beliefs are incorrect and are responsible for unhealthy patterns that patients can change.

Along parallel lines, many rule-based practices of devotion also function as learning strategies through which a devotee learns to recognize undesirable cognitive, emotional, and behavioral patterns relative to the Gauḍīya worldview, which includes the relational state of “my-ness” towards the products of the world. One of the most important cognitive forms of practice in this regard is regularly hearing theological works such as the *Bhāgavata Purāṇa* and Gauḍīya interpretations thereof. In so doing, a faithful and receptive devotee learns to see the world relative to a Gauḍīya worldview that the reasons feelings of ownership, or possessiveness over something, are a problem. Another is through the relationship with one’s *guru*, under whom the devotee receptively learns Gauḍīya theology and engages in practices of devotion. Other practices also function similarly. These include for example, the practice of keeping the company of saintly persons (*sādhus*), who are considered advanced along the path; living in sacred places of pilgrimage; singing, reciting, and writing on one’s body the various epithets of Kṛṣṇa; and a host of other devotional activities and environments in which a devotee is recommended to immerse oneself.

5.3.2. Learning Alternative Desirable Cognitive, Emotional and Behavioral Patterns

Schema therapy also uses several different kinds of practices to help patients learn alternative ways of interpreting and responding to circumstances that trigger undesirable cognitive, emotional and behavioral patterns. Cognitive practices include learning alternative ways of interpreting evidence that seems to support undesirable schema-driven interpretations and learning the value of replacing undesirable response behaviors with alternative forms of a more adaptive response behavior. Other practices include noting alternative ways of interpreting and responding to triggering situations using flash cards and a schema diary, which function as reminders of these alternatives.

Similarly, on the path of devotion, engagement in many of the recommended devotional practices function as learning strategies through which a devotee learns alternative ways of interpreting and responding to the mundane objects over which one has thoughts and feelings of possessiveness. For example, through the practices of regularly hearing the scriptures and receptively accepting guidance from a *guru*, a devotee learns to recognize the soteriological problems of thoughts and feelings of “my-ness” towards products of the world. Through these and other practices, a receptive devotee learns to see the world and its products as temporary manifestations that are ontologically constituted of Kṛṣṇa’s extrinsic energy, which belongs to Kṛṣṇa, not the devotee ([3], 11.2.48; [9], anu. 191, 198). They also help a devotee understand the value of controlling and changing response behavior. Similarly, the various recommended practices mentioned previously e.g., singing, reciting, and writing on one’s body

the various epithets of Kṛṣṇa, among others, serve to remind the dedicated and immersed devotee of the Gauḍīya worldview and how one should relate to the products of the world accordingly.

5.3.3. Practicing Alternative Desirable Cognitive, Emotional and Behavioral Patterns

After helping a patient learn to recognize undesirable cognitive, emotional, and behavioral patterns and to identify alternative ways of interpreting and responding to circumstances that trigger them, a patient practices them. Cognitive practices include engaging the patient in debate-like dialogues between the schema-driven interpretations and alternative healthy interpretations of situations that trigger the Early Maladaptive Schema. Flash cards and a patient's "schema diary" serve as reminders of how to practice these alternatives. Behavioral strategies make use of imagery and role-plays in which the therapist helps the patient rehearse desirable behavioral responses to triggering situations and serve as practice runs for when actual triggering situations present themselves. And the therapist engages the patient in homework assignments, giving the opportunity to practice alternative desirable ways of responding to real life triggering situations. For example, for someone who is socially anxious and copes by avoiding places where people congregate, a possible homework assignment may be for the patient to go to some social-oriented place e.g., a movie theatre or bar. The assignment may involve reviewing the flash card and visualizing oneself going to the place, followed by actually going to the place, and afterwards writing down how one dealt with the situation ([28], p. 164).

Rule-based devotional practices can be viewed in a similar light. In the course of recognizing the undesirability of possessiveness over what is mundane and learning alternative ways of responding, many of these practices entail practicing the alternatives, *i.e.*, the theologically desirable way of relating to and responding to what is mundane. One of the principle ways in which this happens, for example, is through suitably engaging what is mundane in acts of devotion to Kṛṣṇa, or what is referred to as "right detachment" (*yukta-vairāgya*) ([8], 1.2.255). For example, one may use the house in which one lives as a place for worshipping and serving Kṛṣṇa. This may include hosting group-oriented devotional singing (*kīrtana*), holding theological discourses (*kathā*) about Kṛṣṇa, ritually worshipping Kṛṣṇa in the form of his divine image on an altar of worship, and ritually preparing delicious foods for the purpose of offering it to and pleasing Kṛṣṇa. In this way the house in which one lives is used to facilitate an act of devotion, rather than the pleasure of one's own indulgence. Moreover, engagement in nearly every recommended practice of rule-based devotion serves to rework the way in which a faithful practitioner relates to and responds to the products of the world, including thoughts and feelings of "my-ness." They are theologically driven practices for thinking and acting in theologically correct ways that recognize that the products of the world belong to Kṛṣṇa and are constituted of Kṛṣṇa's external energy.

6. Conclusions

The above comparative analysis highlights several important parallels that emerge between the starting points, goals/stepwise goals, and means of reaching these in the models of both paths, despite their particular differences. In both cases, what are to be changed are undesirable ways of cognitively processing and behaviorally responding to particular kinds of information. In both cases, critical goals include fundamentally changing undesirable ways of interpreting and emotionally and behaviorally responding to particular kinds of information into more desirable ways, relative to their respective assumptions and goals. In relation to these goals, both advocate systematic engagement in various cognitive and behavioral oriented practices that serve to help a person learn to recognize undesirable cognitive, emotional, and behavioral patterns together with the reasons for which these developed; learn alternative, desirable ways of responding to triggers; and practice responding to triggers in desirable alternative ways. These parallels, coupled with clinical evidence indicating the effectiveness of schema therapy, suggest that faithfully engaged rule-based practices of devotion may work in similar ways to those employed in the context of schema therapy. In effect, the recommended practices

on both paths function as learning strategies for systematically reworking how one thinks about and responds to particular objects or situations in desirable ways.

These parallels have multiple implications for the study of early and contemporary Gauḍīya Vaiṣṇava traditions, South Asian traditions, and the study of religious traditions in general. For one, they suggest that faithfully engaged religious practices can be effective methods for modulating and changing undesirable psychological and behavioral patterns. In the case of the Gauḍīya tradition, it suggests that practices of rule-based devotion are effective for bringing about changes to what is widely considered in Indian religions to be one of the hallmark psychological tendencies of bondage, *viz.* the thoughts and feelings that something mundane belongs to one. If true, it suggests that early Gauḍīya theologians' claims that there was no need to engage in any other practice or process other than devotion for becoming free from the existential condition of bondage, are informed by practical insight rather than being merely an hermeneutical maneuver by a competitive sectarian tradition. It is the same insight that contributed to the development of the therapeutic model of schema therapy and the cognitive and behavioral theories of learning that developed it. This analysis also provides a basis from which to develop an informed, working hypotheses around which experimental and quasi-experimental research designs can potentially be constructed and implemented for testing these. The quantitative results of such research would then serve as evidence that either supports, or weakens the working hypotheses.

The parallels that emerge between these two paths also raise the question of how to account for them. To this end, cognitive theories of mind, particularly connectionist theories of cognition and learning, may offer a fruitful explanatory framework that can account for both. The Stanford Encyclopedia of Philosophy defines connectionism as “a movement in cognitive science that hopes to explain intellectual abilities using artificial neural networks (also known as neural ‘networks’ or ‘neural nets’)” [31]. Connectionist theories are a family of empirically supported theories modeled after the neural networks of the brain as instruments for making sense of how a person cognitively processes and represents information. Within a connectionist framework, the patterned ways in which one interprets and represents in mind particular kinds of information or constellations of information are theorized to arise from previous experiences. These experiences influence the patterns of stored connection strengths among units of a brain's neural network [32–34]. It is these patterns of connection strengths that organize and guide our perceptions and interpretations of information in learned schematic ways. They are responsible for the ways in which and the speed with which one cognitively processes, *i.e.*, perceives and interprets, for example, particular kinds of information (situations, objects, *etc.*).

Within a connectionist framework, when a patient on the path of schema therapy or a devotee on the path of devotion systematically and receptively and faithfully engages in the recommended practices of each path, the information for which these practices are serving as conduits should modify the stored connection strengths among the units of the neural network. The targeted information on the path of schema therapy are those situations that trigger the Early Maladaptive Schema; and the targeted information on the path of devotion are the mundane objects that trigger thoughts and feelings of possessiveness. From this perspective, while they differ in terms of their respective specifics, Gauḍīya recommended rule-based practices and schema therapy practices share the above discussed parallels because, at a cognitive level of analysis, they serve as conduits of information that rework the ways in which one cognitively processes the targeted information.

In order to adequately discern the potential of connectionist theories for explaining these changes requires a separate publication on which I am currently working. For now, suffice to say, a connectionist framework offers a potentially useful framework for explaining the parallels that emerge between the transformative therapeutic path of schema therapy and the transformative soteriological path of devotion, while also accounting for their specific differences. It has the value of interpreting their respective claims within the framework of a contemporary and empirically supported cognitive theory that has the potential to offer insights into particular historical questions, such as those that are the

subject of this article. Moreover, it connects us to the wider realms of research being done in the sciences for better understanding the development and unfolding of human culture in its various expressions in contemporary, historical, and future contexts, which is the purpose of the humanities.

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