What are the therapeutic implications of psychoanalytic conceptualisations of God when working psychoanalytically with Christian clients?

Helen Florence

Primary supervisor: John O'Connor

November 2009

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Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning except where due acknowledgement is made in the acknowledgements."

Signature

Helen Jane Florence

Date

Acknowledgements

Special thanks to all those who have walked this journey with me. My supervisor John O'Connor has encouraged me with his own passion for this endeavour. I have also appreciated his reliability and availability. I am thankful especially for the sharing of moments when we acknowledged God was in the room as we worked together. Those moments helped me with clarity and focus when my vision was blurred. It did not matter that our understanding of that God was different.

Grateful thanks to Jeremy Younger for his borrowed strength when I was unsure of the ground on which I stood. I now hold my own knowings with greater assurance.

I have appreciated the critical reviewing of my work by Christeen McKay, Patte Randal and Ondra Williams. Their encouragement and generous feedback has been valuable.

Thank you to my husband, John, whose support has always been there throughout all of my study. His patient listening and 'picking up the slack' in the parenting department when I was lost in my books have been epic. He demanded little and I have taken much.

Most of all I am grateful to God, whose comfort and inspiration have undergirded this process. My awareness and appreciation of our lifetime's journey together have deepened throughout my reflections and my writing. We are in a different place now than when we first began.

Abstract

This dissertation explores the question, "What are the therapeutic implications of psychoanalytic conceptualisations of God when working psychoanalytically with Christian clients?" Clients who identify as Christian are often reluctant to engage in psychotherapy or at least discuss belief in God during therapy, for fear that such belief will be pathologised. Freud's belief that God is an illusion has continued to influence contemporary psychoanalytic practitioners, despite alternative concepts of God suggested by later theorists. There is little written about the direct implications of psychoanalytic understandings of God in work with clients who identify as Christian. This dissertation examines psychoanalytic thought concerning the nature of God and explores possible implications in working with this client group. The method used is a modified systematic literature review with thematic illustrations from clinical practice. The literature reviewed falls into two parts: psychoanalytic theories of God, and implications of working with clients with a belief in God. Findings suggest that God is either viewed as an illusion, an intrapsychic and interpersonal construct, a presence constructed in the intersubjective matrix, or a mystery beyond the bounds of analytic exploration. The dissertation highlights a number of implications which emerge from the above findings, both for the Christian client and for the psychoanalytic practitioner. These are noted and explored. Pertinent themes comprising an overview of the topic are discussed in further detail with attention to the future. Limitations of this research are delineated, and suggestions for further research are proposed.

Chapter 1: Introduction

What are the therapeutic implications of psychoanalytic conceptualisations of God when working psychoanalytically with Christian clients?

Introduction

Sigmund Freud (1927), the founder of psychoanalysis, declared God to be an illusion. Freud's proposition that God was a creation of humankind, needed because of a perceived inability to face the realities of existence, created a chasm between psychoanalysis[1] and religion[2] (Sorenson, 2004). Although Freud's thinking about religion has been described as a product of his age (Jones, 1991), his influence in the arena of religious issues in psychoanalytic psychotherapy has cast a long and lingering shadow. Sorenson comments that in a search of books within the last fifty years within the psychoanalytic arena, ninety-five out of every one hundred addressed neither religion nor spirituality.[3] Religion has been described as the last taboo (Kung, 1979; Noam & Wolf, 1993).

I have felt this chasm internally as I have attempted to bring together the psychotherapist and the Christian[4] within me. To some this juxtaposition may seem like an oxymoron; at times it has felt so, as I have sought to find a theoretical platform congruent

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[1] As the literature often uses psychoanalysis and psychoanalytic psychotherapy interchangeably, I will do the same. A definition of psychoanalytic psychotherapy is included in the Appendix.
[2] See appendix for definition.
[3] See appendix for definition.
[4] See appendix for definition

with my spirituality from which I could practice with integrity. Sometimes I have felt as though I was being asked to change one religion for another. Interestingly, Kirsner (as cited in Sorenson, 2004) notes that Freud's antipathy towards religion may have been because it competed for the space Freud wanted for psychoanalysis. Symington (2004) proposes that psychoanalysis is a religion, but one which is organic and not 'rulebound'. It seems that my sense was not without some justification. The comment of a psychoanalyst participating in research conducted by Simmonds (2006) strikes a chord, "I remember someone saying to me a long time ago, a very senior analyst, 'No self-respecting, seriously minded analyst would believe in God'" (p. 226). I found little within my training to assist me with this dilemma. It is this dilemma which has influenced my research question. In my reading I have discovered that for some authors, their own research appears to have been fuelled by the same quest (Cohen, 1994; Wyatt, 2002).

Aims of this research

This dissertation is intended to review the literature regarding psychoanalytic conceptualisations of God, and then explore the implications of these conceptualisations for therapy with Christian clients.

The research question is also informed by my clinical practice. As an identified 'Christian psychotherapist' within the Christian community, I tend to attract a number of clients who identify as Christian[5] who will not see a non-Christian practitioner for fear that their faith would be pathologised (Cohen, 1994.; Esau, 1998; Pitchon, 1998). Although this

[5] Clients who identify as Christian will hereafter be referred to as Christian clients.

identification is useful in forming a therapeutic alliance, accumulated clinical experience leaves me wondering whether it is always helpful in terms of transferential 'invitations'. In my experience expectations include wanting me to uphold certain fundamentals of faith, being idealised as the 'mouthpiece of God', or feared as standing in judgment. At other times I am invited to collude with the client's faith position, or at least the pastor's, who may have referred the client. As a psychotherapist who identifies with the Christian faith, I struggle to hold a position which betrays neither the Christian nor the psychotherapist within me. Although identification informs empathy, it may also blinker therapeutic exploration; sharing a common faith is not without its difficulties in practice. Cohen (1994.) suggests that collusion may occur between therapist and client when religious beliefs are shared.

That the topic of religion is widely avoided within psychoanalytic therapeutic contexts is notable, considering the prevalence of religious material within therapy. A study on religion within therapy estimated that as much as thirty-three percent of psychoanalytic material selected at random may have religious connotations or derivatives (Committee on Psychiatry and Religion, as cited in Kochems, 1993). According to a study conducted by Kochems (1993), few clinicians routinely ask about religious issues, and eighty- two percent believed that it was only important to know about a client's religious leanings if it was considered to be related to the client's problem. Kochems wonders how a clinician could know whether religious material was influencing a client's difficulties if the client was not volunteering the material.

Although there may be a reluctance to address religious matters in therapy, Rizzuto (1979) comments that within Western tradition, some relationship with religion, even if it is

to reject it, is part of our heritage, and may explain the frequent associations in therapy. How then do clients fare when they bring religious matters to psychoanalytic therapy? More particularly, what happens for those clients who declare a relationship with a personal God, a relationship which may be the source of comfort or conflict? Anecdotal evidence, supported by literature, suggests that Christian clients and clients of other religious persuasions either do not bring such material to therapy for fear that their beliefs will be pathologised (Cohen, 1994.), or seek a therapist of similar religious persuasion in the hope that they will be 'understood' (Carbo & Gartner, 1994).

Within my own practice I have observed that clients' positions regarding faith vary greatly; for some faith is a source of conflict often involving a concept of God which does not relate to their emotional experience of Him.[6] For example, a client may hold the belief that God is always with them, but during a crisis have the felt experience of being abandoned by Him. Often this felt experience appears to mirror a client's experience of their early parenting. I have also noticed that most often during the course of a successful therapy, a client's emotional experience changes to correlate more with their God-concept.[7] I am curious about how to understand this from a psychoanalytic perspective, in order that theory may be used more intentionally to facilitate developmental shifts in expressions of faith. I have also observed that faith is a source of comfort for other clients. It seems that this comfort is a resource which supports functioning, and as such needs to be utilized in

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[6] The use of masculine pronouns to refer to God is common within Christian tradition and is used in this study as incorporative of both masculine and feminine. There is no intention to gender God. Language is limited in its ability to describe that which is more than human.
[7] See appendix for definition

the service of psychological growth. I hope to support these observations through the literature search.

Research suggests that religion has a complex effect on mental health (Noam & Wolf, 1993). A review of the positives and negatives of religion by Pargament (2002) concluded that well-being was connected to religious experience that was internalized and founded on a secure relationship with God; whereas religion which was imposed and unexamined, which was based on an insecure, ambivalent relationship with God reflected in maladaptive interpersonal relationships, was deleterious to mental well-being. The effectiveness of religion was found to be connected to how well it was integrated into an individual's life. I wonder if psychoanalytic exploration of religious material could play a part in such integration.

The fact that Christian clients often seek a clinician of similar faith means that many Christians may disqualify themselves from a psychoanalytic approach to therapy which could be psychologically beneficial. Surveys, at least in the North American population, demonstrate that psychotherapists are much less religious than the general population (Bergin & Jensen, 1990; Gallup, as cited in Sorenson, 2004; Hoge, 1996). Regrettably no research exists showing the degree of religiosity exhibited amongst New Zealand psychotherapists. Nevertheless, this led me to wonder what effect psychoanalytic views of God would have on a Christian client. I wondered, for example, about the implications of the classic Freudian position. What could it mean for the therapeutic relationship when a therapist views the client's experience of God as an illusion? Sorenson rather graphically likens this to a holocaust survivor being in therapy with a therapist who does not believe the holocaust ever occurred. Whilst this is a highly disturbing analogy, Christian clients are

almost inevitably wondering, "How could anyone *not* believe in God?" What would happen to the client's faith in such a relationship?

It is my own quest for congruence, and experience as a clinician, which coalesced in the research question, "What are the therapeutic implications of psychoanalytic conceptualisations of God when working psychoanalytically with Christian clients?" My initial hypothesis was that the implications would all be negative; that in these circumstances a client would quickly learn what 'not to bring' to therapy, so that spiritual difficulties would not be explored; or that a Christian client would end up 'losing his or her faith' as a result of a reductionist approach which renders God merely a support for an immature developmental state, the outgrowing of which would lead to autonomy and internalization of their own 'godlike' attributes. As Freud (1927) suggested, without the illusory support of religion:

> men will have to admit to themselves the full extent of their helplessness…no longer [being] the object of tender care on the part of a beneficent Providence…men cannot remain children for ever; they must in the end go out into 'hostile life'. We may call this 'education to reality'(p. 45)

However, I was also interested in exploring what psychoanalytic psychotherapy could offer Christians in therapy. From my observations in practice, some Christians are 'stuck' with religious views including God–representations[8] which are indeed life-inhibiting. I have discovered in my own practice that opportunities appear to exist for faith

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[8] See appendix for definition.

development which mirrors intrapsychic and interpersonal growth, and became interested in whether psychoanalytic literature might in fact offer a theoretical framework to assist clinicians to facilitate this process; that it may actually be possible to find a way of working which was congruent with me both as a Christian and a psychotherapist.

I wondered whether adherence to the psychoanalytic method might provide a way of restoring the breach (Sorenson, 2004). Bion (1970) suggests a stance of being with the client 'without memory or desire'. Solomon (2006) adds that Bion's proposition affords a way of avoiding prejudice and presupposition in the therapeutic encounter. Would this stance ameliorate the effects of a therapist's theoretical difficulty or personal bias concerning religious issues?

Although there is sufficient literature delineating the position of various psychoanalytic theorists concerning the question of God and religious experience, which will be outlined in chapter three, there is little to be found about the therapeutic implications of such positions on the Christian client group. Morris (2006) comments on the apparent lack of literature written about the clinical implications for psychotherapists in working with a client's religious beliefs. It is certainly true that little empirical research exists. Part of the reason for this may be the reported avoidance of religious material in psychoanalytic psychotherapy. The studies which have been conducted largely report on clinicians' experience as clients. Cohen (1994) and Simmonds (2004), have both conducted research of psychoanalytic clinicians, surveying the clinicians' accounts of working with religious material as therapists, as well as their accounts of how such material was handled within their own therapies. Although Cohen's work surveyed American clinicians, Simmonds's research used clinicians in Great Britain and Australia.

This study, using the methodology of a systematic literature review, aims to survey the existing literature mentioned above on analytic positions concerning God, as well as review what literature there is on possible implications for therapy, with a view to laying a foundation for further empirical research within the New Zealand context. It is anticipated that by this method, awareness will be raised within the psychoanalytic therapeutic community in New Zealand concerning religious issues in therapy, provoking discussion and changes to therapeutic and training practices.

Structure of the dissertation

The dissertation contains seven chapters. Chapter one provides an introduction to the motivations underpinning this research. In this chapter I reflect on the reasons for my interest in the topic and provide some background to the research question. My own experiences of clinical presentations relating to the question are delineated. The gap in the literature suggesting the need for this research is identified and discussed. The contribution this study is intended to make to this area of knowledge is also outlined.

Chapter two outlines the methodology used to conduct the research, providing a rationale for the choice of methodology as well as its limitations. The modification of the systematic review within psychotherapy is explored. Inclusion and exclusion criteria are delineated. The literature searches are shown to demonstrate the systematic nature of the enquiry.

Chapter three provides a review of literature on the evolution of psychoanalytic thinking about God, and offers a critique of the contributions of different theorists.

Chapter four considers the implications for practice of the varying psychoanalytic theories about God. Observations from my own practice are included to illustrate themes arising from the literature.

Chapter five reflects on therapist factors which influence how religious material is approached in treatment. Observations from my own practice are again included.

Chapter six provides a discussion of the themes arising from this review.

Chapter seven summarises and concludes the review, outlines the limitations of the study and makes recommendations for further research.

An appendix provides definitions used for the purpose of this study.

Chapter 2: Methodology

This chapter gives a definition of the modified systematic review, and provides a

rationale for the use of this methodology to address this research question. The 'fit' of a

systematic review within the psychotherapeutic framework is explored and consideration is

given to what constitutes best practice evidence within the psychotherapeutic tradition.

Methods used in the literature search are also delineated.

The nature of a modified systematic literature review

A systematic literature review gathers and appraises all available research evidence

on a particular research question in a systematic manner (Dickson, 1999). It is a

methodology which was originally intended for quantitative studies using randomised

control trials (Reynolds, 2000), and is considered the 'gold standard' for assessing the

usefulness of treatment in the field of quantitative data collection (National Health Service

Centre for Reviews and Dissemination, as cited in Dickson, 1999) A systematic literature

review is also a relatively efficient and concise method of obtaining data (Mulrow, as cited

in Dickson, 1999). Its systematic nature reduces the possibility of bias, as it incorporates a

wide sweep of all information available in the field. The process of a systematic review,

Dickson notes, begins with delineating the research question; then identifying the method

of research, selecting studies, appraising and finally synthesizing the material to produce

practice recommendations.

The modified systematic review within the field of psychotherapy

Because psychotherapy is considered both an art and a science (Brown, 1999), its

components are not easily quantifiable. Quantitative methods are not able to capture the

depths and process of human relating which is the essence of psychotherapy. For this reason, qualitative research is much more common in psychotherapy. Geddes (2000) notes the limitations of quantitative approaches and the benefits of qualitative methods in the psychotherapeutic arena. Since systematic reviews were designed specifically to survey quantitative data, one may question the value of modification to incorporate qualitative literature. Dickson (1999) suggests that reviews that use less rigorous evidence still have value. She states, "the value of such reviews is not in providing evidence of effectiveness but in clarifying current levels of knowledge and in directing the design of future research" (p. 43). Goodheart (2004) adds that evidential sources such as observations, experiences and general literature are all valid forms of evidence in psychotherapy. For the purpose of this study the systematic review is modified to allow for the inclusion of qualitative research. Also included is a wide range of literature pertaining to the field.

The suitability of a modified systematic literature review to answer the research question

A modified systematic literature review is a suitable methodology to answer the research question for several reasons. The method is a useful way of ascertaining current levels of knowledge in the field. Given my stated religious position, it is important to guard against possible bias; a systematic approach provides a useful framework to reduce the likelihood of this. Geddes (2000) notes that "the goal of evidence-based practice is to identify the study design best suited to providing the least biased answer possible to a question" (p.83). The efficiency of this methodology is well suited to the required dissertation time frame. The lack of research in this area suggests that the field is still at the hypothesis generation level, for which the systematic literature review is a suitable methodology (Milton, 2002). An additional advantage of the methodology is its ability to

use illustrative material from clinical practice. I have used general observations from my own practice to illustrate themes emerging from the literature; as examples are non-specific and illustrative only, ethics approval was not required. In gathering all available evidence concerning the clinical implications of psychoanalytic conceptualisations of God in working with Christian clients, I hope to be able to provide a platform from which empirical studies may be conducted.

Critique of the methodology

A modified systematic review of the existing literature concerning my research question will elicit a number of clinical implications providing a solid foundation for treatment recommendations as suggested by Parry (2000). Morris (2006), as noted in chapter one, comments on the apparent lack of literature written about the clinical implications of working with client's religious beliefs. I aim to add to the field by conducting a systematic search to gather what literature is available. The research question could have been explored by conducting empirical research eliciting therapists and their clients' experience of working with religious material in the psychotherapeutic process. In preliminary reading of the research, however, I noted Sieve's (1999) assessment that "avoidance of this material is the norm among religious and non-religious therapists" (p. 130). Given this avoidance I chose to undertake a systematic literature review in the hope that my findings would serve to draw therapists' attention to what appears to be a neglected area.

Inclusion/exclusion criteria

As this study focuses solely on the influence of psychoanalytic theory concerning God on Christian clients, psychoanalysis and psychoanalytic psychotherapy are included but the wider psychodynamic field has been excluded from the search. Also excluded are transpersonal theories and therapies which are derivative of Jung's embracing of spirituality which led to his early divergence from mainstream psychoanalysis (Noam & Wolf, 1993). Although there is some literature which explores spirituality in the Pacific context and in the context of Aoteoroa, New Zealand (Culbertson, 2000; Culbertson, Agee & Makasiale, 2007; Morice, 2003), this has been excluded as it does not focus specifically on psychoanalytic concepts of God. Morice's work, although considering the impact of psychoanalytic therapeutic concepts generally on a Maori worldview, does not specifically consider analytic concepts of God. I found no New Zealand or Pacifica literature identifying psychoanalytic conceptualisations of God and their implications for therapy.

Given the paucity of literature discovered in my searches relating specifically to Christian clients, I have had to widen my inclusion criteria to incorporate theistic religion, primarily the Judeo-Christian tradition. Meissner (2009) notes that this was the tradition that Freud dealt with and that it "provides the primary religious background for the current reflections on the God-problem within psychoanalysis" (p. 211). The wider definition of spirituality which incorporates an awareness of transcendence but not belief in God has also been excluded, as the research question focuses specifically on the belief in a personal God, which is part of the Christian belief system.

The literature search

I began my literature search in PsycINFO as this database, published by the American Psychological Association, includes Psychoanalytic Electronic Publishing (PEP) and currently has over two million references from the early 1800s to the present. Firstly I searched for 'Psychoanalytic Psychotherap* [9]'and combined this with 'Christian*' which yielded only eight articles. The search was widened to include 'Christianity' and 'Psychotherapy' as subject headings which gave me one hundred and nineteen articles. As I searched I included only those articles not already identified by a prior search under 'useful'. 'Useful' was defined as that which specifically pertained to the research question, and was determined by reading the abstracts of the results. 'Christianity' and 'Psychotherapy' were then combined with 'Psychoanal*' to pick up articles not identified by the use of 'Psychotherapy'. As the use of the word 'Christian*' yielded few results, the search was widened to include 'religio*' or 'spirit*', as Christianity is a religion and is also often incorporated in definitions of spirituality.

The term 'God' was also included in the search, which when combined with 'Psychoanal*', yielded a large result which needed reduction by combining it with 'religio*' or 'spirit*' or 'Christian*'. A further forty-two articles not already identified were found by this method. The words countertransference and transference were also combined with the above searches, as the use of transference is fundamental to the psychoanalytic method; however, these searches did not uncover any new material. Table one below summarises these searches.

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[9] * denotes truncation to allow for a range of possible endings to the word stem

Table 1

Key word search results from PsycINFO

Search terms	Results	Relevant articles
Psychoanalytic psychotherap*	2040	0
Christian*	9264	0
Psychoanalytic psychotherapy*and Christian*	8	3
Christianity (subject heading)	2866	0
Psychotherapy (subject heading)	29033	0
Christianity and Psychotherapy	119	7
Psychoanal*	79716	0
Christianity and Psychotherapy and Psychoanal*	6	3
Religio*	46504	0
Religio* and Psychoanal* and Psychotherapy	109	12
Religio* or Spirit* and Psychoanal* and Psychotherapy	169	5
God	6705	0
God and Psychoanal* and Religio* or Spirit*	398	32
God and Psychoanal* and Religio* or Christian*	79	10

This search was replicated in Academic Search Premier (EBSCO), noted as being

the world's largest academic multi-disciplinary database, offering information from 1975

and providing full text for over three thousand one hundred peer-reviewed journals. A

further thirteen articles were obtained from this search. Expanded Academic (ASAP) was

also searched giving me a further two references. This database offers coverage of texts

from 1980 for research in all academic disciplines. PsycEXTRA, a companion database to

PsycINFO, yielded another five articles. This database provides information circulated

outside peer-reviewed journals. The search was also carried out in PsycBOOKS, a full-text

database of books and chapters published by the American Psychological Association, featuring over six hundred books. This search gave me a further five book chapters.

A hand search was conducted of the Journal of Psychology and Theology as well as the Journal of Psychology and Christianity back to the first issues, as these journals specifically focused on the interface between the two disciplines. Dickson (1999) comments that hand searching selected pertinent journals can identify studies which have not been indexed on an electronic data base, or have been indexed in a way which would not identify their usefulness. This search revealed six further articles of interest. A number of additional articles were gleaned from the reference lists of material identified in the database searches. Contact with one of the researchers in the field, Christopher MacKenna (personal communication, February 2, 2009), also pointed me to a few additional articles of use.

Definitions

Definitions of spirituality, religion, Christian, psychoanalytic psychotherapy, God-concept and God-representation are noted in the Appendix.

Chapter 3: Psychoanalytic conceptualisations of God

This chapter explores the evolution of psychoanalytic conceptualisations of God. The significant influence of Sigmund Freud, the founder of psychoanalysis, will be considered. Meissner (2009) suggests that Freud's views on God have provided the mould which has shaped psychoanalytic thinking. However, the 'God question' did not go away and subsequent psychoanalytic theories have expanded Freud's contribution to the field. Ego psychology, self psychology, and object relations theories have all added to the understanding of the intrapsychic function God serves. Bion introduces the mystery of the unknown, while intersubjectivity draws our attention to what is created in the interpersonal matrix. The contributions and limitations of these various theories will be considered.

Freud: God is an illusion

Freud saw God as an 'illusion', by which he meant, "any perception of reality influenced by wish fulfillment" (McDargh, 1986, p. 254). Freud theorised that religion has its origins in the oedipal period of child development during which a child could not rationally manage the forces of the environment outside himself and the instinctual forces within, relying on the father to survive (Fromm, 1974). As an adult, when faced with forces beyond his control, he regressed to childhood experience, depending on the 'exalted Father' now known as 'God' (Meissner, 1984). Freud (1927) posits:

> As we already know, the terrifying impression of helplessness in childhood
> aroused the need for protection – for protection through love – which was
> provided by the father; and the recognition that this helplessness lasts
> throughout life made it necessary to cling to the existence of a father, but this

time a more powerful one. Thus the benevolent role of a divine Providence

allays our fear of the dangers of life. (p. 30)

Shafranske (2005) captures the essence of Freud's belief by saying, "The sina qua

non of Freud's argument is that God is human creation, a projection, whether derived from

ancestral memory traces or needs" (p. 107). Religious and mystical experiences according

to Freud are merely illusory. Freud (1930) extrapolated from the illusory to the delusional,

deeming religion to be a delusion, and by implication, God. He comments:

A special importance attaches to the case in which this attempt to procure a

certainty of happiness and a protection against suffering through a delusional

remoulding of reality is made by a considerable number of people in

common. The religions of mankind must be classed among the mass-

delusions of this kind. No one, needless to say, who shares a delusion ever

recognizes it as such. (p. 81)

Freud's generalisations about religion were based on his own observations which

later theorists suggest were limited (Jones, 1991, 2002; Meissner, 1984; Rizzuto, 1979).

Freud's observations focused on primitive and ritualistic forms of religion which supported

his model, but failed to note more mature, adaptive forms of religious expression, of which

he appeared to have had no experience (Black, 1993; Jones, 1991; Kung, 1979; Meissner,

2006; Rizzuto, 1979; Simmonds, 2004). Kung (1979) notes:

Religion as Freud shows can be an illusion, the expression of a neurosis and

psychological immaturity, but it need not be. All human believing, hoping,

loving related to a person, a thing or God certainly contains elements of

projection, but its object need not exist. (p. 77)

Freud's view that the notion of God is based on the "internalization and reexternalization exclusively of a paternal imago derived from the vicissitudes of the father-son oedipal relationship" (Meissner, 1984, p. 137) has been widely criticized, from both a developmental and a feminist perspective. Van Herik (as cited in Sorenson, 1994) suggests that Freud's theory of religion is reflective of his stance on gender in which masculinity and cultural achievements are seen as the renunciation of wishes, whereas the fulfillment of wishes are connected to cultural regression, religious illusion and femininity. Rizzuto (1979) also notes that there is no explanation for the God-representation in female children except 'cross inheritance'. Her study demonstrates that the maternal relationship is a large contributor to this representation as are a number of other sources. Fraiberg (1969) adds that a child is able to form such representations earlier than the oedipal period suggested by Freud.

Freud, from his own religious position as an atheist, and psychoanalyst, made strong pronouncements about the existence of God. Kung (1979) comments that Freud's atheism was not rooted in psychoanalysis, but preceded it, both historically and biographically. Whatever its origins, Meissner (2009) observes that Freud's psychoanalytic understanding of God opened a "wide chasm separating his construction from the belief in God held by men of religious conviction, for whom God was real, existing, and meaningful" (p. 214).

Bomford: God, a projection of the unconscious

Bomford (1990) suggests a correlation between Freud's characteristics of the unconscious and the theologically defined characteristics of God. He applies Matte-Blanco's (as cited in Bomford, 1990) concept of the symmetrical logic of the unconscious, which provides a way of seeing seemingly contradictory beliefs as psychically possible, to the character of God. According to Bomford, the numerous paradoxes concerning the nature of God are able to exist within the unconscious, which Freud suggested does not experience contradiction, even with impulses which are seemingly in opposition. Thus, for example, the idea of God's transcendence and immanence can be contained within the unconscious. Grotstein (2000) continues Bomford's thinking:

> The raw experience of the unconscious would be absolutely everything (infinite sets) and absolutely nothing (the 'black hole')… Unable to look within because of its awfulness and awesomeness, man translocated his unconscious outward and skyward and called it God. Representing both absolutely everything and absolutely nothing –and their container. (p. 81)

Both Bomford and Grotstein suggest that God is a projection, created out of humanity's need, thus echoing Freud's ideas.

Ego Psychology: God supports self-cohesion and identity

Freud's belief that faith in God was indicative of pathological regression was challenged initially within the ego psychology tradition (Erikson, 1965). Erikson saw the adaptive nature of religion in supporting self-cohesion and identity. He posits that religion is related to the stage of development he calls 'basic trust versus basic mistrust', where a

child learns to trust in his/her caregiver's availability, thereby developing faith and hope[10].

Erikson (1993) asks:

> But must we call it regression if man thus seeks again the earliest encounters
> of his trustful past in his efforts to reach a hoped-for and eternal future? Or
> do religions partake of man's ability, even as he regresses, to recover
> creatively? At their creative best, religions retrace our earliest inner
> experiences, giving tangible form to vague evils and reaching back to the
> earliest individual sources of trust; at the same time, they keep alive the
> common symbols of integrity distilled by the generations. If this is partial
> regression, it is a regression which, in retracing firmly established pathways,
> returns to the present amplified and clarified. (p. 264)

Erikson saw the adaptive nature of regression when it revisited the strength of early

foundations. In support of adaptive regression, Meissner (2005) comments that mystical

states of merger and union with God may be considered regressive, yet in so far as mental

integrity and personal identity is maintained, cannot be viewed as pathological;

pathological regression does not preserve these states.

Self Psychology: God is a selfobject.

Kohut (1971) further develops the idea of religion's adaptive function with his

emphasis on its role in individual self-cohesion. Kohut uses the term 'selfobject' to

describe how individuals develop self-cohesion by ties initially to parents, and then later to

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[10] Fowler (as cited in Greer, 1995) although not a psychoanalyst, has constructed a developmental
schema for faith development paralleling Erikson's stages of ego development

parental substitutes. Self psychology suggests that it is lifelong selfobject sustenance from people, as well as cultural and religious objects, that leads to psychic development and healthy human functioning (Bartoli, 2003).

According to Kohut there are three selfobject experiences, those of idealisation, mirroring, and twinship, which are specifically met in religion (Strozier, 2003). The first is idealization: the perfection of God who can compensate for human imperfection, sustain humanity with His unchangeable love and goodness, and is incomparably worthy of idealising. Mirroring is the second selfobject need met by religion, as God's grace or 'smile upon us', reflects our value and right to be ourselves. The third selfobject need which finds resonance in religion is the need for twinship; a sense of belonging. Kohut, Strozier notes, believes that this is met in the reassuring community of the Christian church.

Knoblauch (1997) describes what this looks like in practice as he recounts the case of a dying woman:

> as an illustration of how a selfobject tie, configured in idealizing and mirroring dimensions, functioned to facilitate a selfobject experience of a protective deity…and providing continuity to the experience of safety and security provided by the presence of God. (p. 455)

Shafranske (2005) suggests that this perspective allows for the possibility that a longing for an intimate relationship with God may be seen as progressive, rather than regressive and reflects the 'lived experience' of people for whom 'the most salient figures organizing their felt relationship to the ultimate conditions of their existence are their object relations of God' (McDargh, 1993, pp. 182-183). However Shafranske's positive view is not universally shared. Jones (1991) comments that even though Kohut posits that we will

always need selfobjects to sustain us, his theory suggests that this need has its origins in developmental deficits, where the selfobject is utilised to compensate for undeveloped self-structures and self-capacities. The implication is that these developmental arrests are overcome, and self-structures are developed to replace the selfobjects; presumably then, God becomes redundant.

Although it is heartening to see that there is room within psychoanalytic thinking for a relationship with God that may not be considered pathological, Meissner (2009) comments, "whether cast in terms of the great protective Father or the security-enhancing selfobject, the God-representation remains essentially derivative from human needs and motives" (p. 216). He suggests that as long as analysts focus solely on intrapsychic representations of God, the descriptions of these just become a matter of theoretical preference. However, Rizzuto (1979), in her use of object relations theory to develop her ideas of the God-representation, points out that the domain of psychoanalysis is the intrapsychic; to venture outside of this is to exceed its mandate.

Object Relations: The 'God object' in the intrapsychic

Object relations theory emerged out of dissatisfaction with the lack of acknowledgment of the contribution of early relationships to human development and psychological well-being (Gurney & Rogers, 2007). Rather than being compelled by drives, as Freud posited, it suggests that human beings are by nature relationship seeking. Our psychological makeup is determined by the quality of the relationships we have had with past and present 'objects', that is, significant others. Important to the discussion of where God 'fits' in object relations, is the work of three object relations theorists: Guntrip, Winnicott, and Rizzuto.

Guntrip: God, the 'good object'.

Guntrip, one of the most ardent proponents of religion within the British object relations school (Beit-Hallahmi, 1992), sees the genesis of religion in the universal human need for a 'good object', the quest for which extended to the universe (Guntrip, 1961). In Guntrip's opinion religious experience in its various expressions is part of being human and as such could consist of both pathological and neurotic elements (Sorenson, 1990). He questions Freud's assertion that religion necessarily implies pathological dependence, suggesting rather that the problem is with infantile dependency, instead of the dependence which is intrinsic to human nature.

Guntrip (1961) defines mature religion as that which "would express man's fundamentally dependent nature, in a relationship of emotional rapport with and reverence for external reality" (p. 384). He suggests that psychotherapy's role is to help people with immature expressions of religion. Guntrip's approach, however, still incorporates thoughts of projection, as there is no mention of the reality of God, just of longings of humanity projected onto the universe (Tummala-Narra, 2009). Tummala-Narra adds that Guntrip agrees with Winnicott's understanding of the origins of religion in transitional states and transitional phenomena.

Winnicott: God as a transitional object.

Winnicott (1953) discusses the use of what he names the 'transitional object', that is, teddy bears, blankets and other such 'security' objects, which support the child's attempt to become increasingly independent from mother. According to Winnicott, the transitional object is both created by the child's imagination subjectively, and found in objective reality. This capacity for illusion is a type of transitional experience, which rather than

being antithetical to reality, as Freud posits, is fundamental to the development of psychic

life and is a "prerequisite for increasing relatedness toward reality" (Meissner, 2009;

Sorenson, 1994, p. 233). Winnicott (1971) adds that this capacity for illusion is never

outgrown, but that within this place of 'finding and creating', lies a person's capacity for

creativity culture and religious experience.

Winnicott (1971) suggests that whether or not God objectively exists is not salient

as far as transitional experience is concerned. What is important in transitional space is the

intertwining of what is created and found (Rizzuto, 1996); the concepts of objectivity and

subjectivity are subsumed to this psychic task. For reality to be real to us, we must have a

part in its construction (Ulanov, 2001). Winnicott (as cited in Simmonds, 2006) 'plays'

with the question:

> If God is a projection, even so is there a God who created me in such a way
>
> that I have the material in me for such a projection?...the important thing for
>
> me must be, have I got it in me to have the idea of God?...if not, then the
>
> idea of God is of no value to me (except superstitiously). (p.205)

Although Winnicott (1990) suggests that God is a transitional object, important in

the development of psychic reality, he also adds that religion with its idea of original sin[11]

can overlook the goodness in humanity, attributing this to God. Reminiscent of Freud, he

also adds that, "God is…at worst a piece of evidence for the child that the parent-figures

are lacking in confidence in the processes of human nature and are frightened of the

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[11] 'Original sin' – According to Christian tradition, this refers to Adam's act of self assertion against God. 'Sin' is defined as humanity's living outside of relationship with God. Daane (1978).

unknown" (p. 93). It appears that Winnicott is able to hold both the pathological and adaptive aspects of a God relationship.

Meissner (2009) describes Winnicott's contribution of the transitional object and transitional space as a "watershed in the analytic conceptualization of religion" (p. 220), as he moves away from an understanding of illusion as something antithetical to reality, towards the concept of illusion as fundamental to the development of psychic life and the embracing of human experience beyond material reality. He notes that this opens a space for exploring the psychology of religious experience, creating the potential for analysing religious experience which is reflective of developmental deficits, but also for investigating spiritual experience which is integrated and life-enhancing. It can be seen that the opportunities created in this transitional space for the investigation of religious experience are numerous. However, as we also grow beyond the need for teddy bears as we grow up, Winnicott implies that God, too, may be also outgrown. Rizzuto (1979) comments that Winnicott pays no attention to tracing the development of the God-representation; this became the subject of her investigation.

   Rizzuto: The God-representation.

   Rizzuto (1979) focuses primarily on the creation of the God-representation in the transitional space, in an attempt to respond to Freud's question of how people come to have a belief in God in the first place. Rizzuto studies the representation of God in a total of twenty Christian and Jewish individuals who are inpatients in a psychiatric institution. The study is replicated in a pilot of twenty people who are not inpatients, and no appreciable difference in outcomes is found. Rizzuto postulates that God is a special sort of object representation, created by the child in the transitional space. Unlike a teddy bear, the God-

representation is derived from three sources: his object relations; his developing understandings of self; and the belief system of his environmental context, which is revised at different developmental stages. Rizzuto's study concludes that the developmental process of creating and finding God as an idosyncratic representational transitional object is one which covers the entire lifecycle, so that the God object does not disappear, but is repressed, changed, or utilised.

According to Rizzuto (1979) every person has a God-representation in our Western cultural context, whether or not they choose to believe. She suggests, however, that whether a person uses that representation towards conscious belief is dependent on whether or not other objects are used as a substitute for the God-representation. She adds that belief and maturity are not the related issues Freud theorises; that only a detailed study of each individual can demonstrate the reasons a person believes or does not believe in their God. Rizzuto also observes that there are two transference choices in an object-relations view of religious experience. The first she calls 'corresponding', in which our unconscious organisation of our relations with others parallels our unconscious organisation of our construction of God. The second is seen as 'compensatory', where God supports our deficits, compensating us for what we have longed for but never had.

Rizzuto's (1979) work has been widely used as a foundation for additional research and clinical application. Finn and Gartner's (1992) book, *Object relations theory: Clinical applications*, is one such example. Hall, Brokaw, Edwards, and Pike (2000) have further researched the relationship between spiritual maturity and object relations development. Their study, and those of others (Birky & Ball, 1988; Brokaw & Edwards, 1994; McDargh, 1983), generally corroborated Rizzuto's hypothesis that there was a positive correlation

between an individual's God-representation and the level of their object relations development.

Although research studies have been conducted to test Rizzuto's (1979) hypothesis concerning the correlation between object relations development and spiritual maturity, my literature search reveals no studies which investigates Rizzuto's belief that God-representations are part of our Western cultural context. Esman (2003) comments that there is no place in Rizzuto's system "for disbelief as a rationally based position emerging from a favorable [sic] developmental experience" (p. 93).

Object relations theory has been criticised for continuing the psychoanalytic reductionist understanding of religion and God (Gurney & Rogers, 2007), diminishing Him to an intrapsychic subjective experience. This focus on the subjective de-emphasises the transcendent and the mystical. Sorenson (2004) suggests that a reductionistic view of God does not allow for anything 'new' to emerge. While it is true that intrapsychic workings are focused on exclusively in an object relations approach, Rizzuto (1979) comments that to go beyond the domain of the intrapsychic is to exceed the mandate of psychoanalysis.

Within the parameters of psychological exploration, object relations theory allows for an in depth analysis of a person's vicissitudes in their relationship with God. Object relations theory also differentiates between adaptive and maladaptive forms of religious expression, providing the foundation for understanding the state and purpose of each individual's relationship with God. This suggests therapeutic goals for spiritual development, alongside object-relations development. Meissner (1984) elaborates on Rizzuto's (1979) work to describe in detail possible developmental levels of the God representation.

Meissner: God evolving with stages of human development

Meissner (1984) uses Winnicott's work concerning the capacity for illusion and applies this to the domains of psychoanalytic and religious experience within a developmental context. Meissner contends that man's religious experience, in all its variety, is generated from residues of all levels of human development. He suggests that, "at each phase of the developmental progression, issues are generated and resolved that provide the inherent structures and dynamic residues that can then be transformed into forms of religious experience" (p. 138). Meissner sketches a schema within a psychoanalytic framework, which provides a conceptualisation of the full range of religious experience and behaviour, locating faith along a developmental continuum from psychopathology to maturity. Meissner conceptualises mature faith as a "lived and integrated source of support and strength" (p. 157).

Meissner (1984) also builds on ego psychology, adding spiritual strengths to be achieved at different psychosocial developmental levels (Sorenson, 2004). Meissner posits that where these developmental stages are not negotiated successfully, pathology occurs in religious as well as psychological belief systems. For example, he suggests that an adult faith experience of utter dependence, abject terror and the superstitious need to placate an all-powerful God in a ritualistic manner is indicative of fixation at the stage where inner self-cohesion is sustained by the idealizing of and dependence on the parental imago; the God-representation at this level mirrors this. Meissner (1992, 1996) interestingly extrapolates this schema to suggest the pathogenic nature of certain religious systems which also exhibit characteristics of fixation at different developmental levels.

Meissner's (1984) addition of stages of religious development in conjunction with psychosocial stages suggests a clinically useful way of assessing and exploring a person's level of faith development. Simmonds (2004) notes that this theory offers a way of understanding pathological forms of religion, vis-a-vis those which are more adaptive. However, Meissner himself suggests that some empirical validation would strengthen the usefulness of this schema in clinical practice. Sorenson (1994) notes that while Meissner does not see any religious experience as outside the bounds of psychological investigation, his approach manages to avoid psychological reductionism.

Bollas: God as a transformational object

Bollas (1979) revisits Winnicott's notion of the mother's function as the 'total environment' for the infant, suggesting that it is the process of having environmental needs met, rather than the mother as an object, with which the child identifies. According to Bollas the child seeks the mother (object) as she is able to alter or transform his experience of himself. Bollas thus names the mother a 'transformational object'. He posits that this experience with the mother leaves a 'trace' in adult life, which causes us to seek other objects which promise to transform the self. He speaks of 'aesthetic moments' (Bollas, 1978), where one senses a deep feeling of rapport, a sort of uncanny fusion with the object, which is reminiscent on a somatic level, of relationship with the first transformational object. The 'God object' is often sought for promise of transformation. Bollas (1979) says:

> It is in adult life that I think we have failed to take notice of the wide-ranging collective search for an object that is identified with the metamorphosis of the self. In many religious faiths, for example, the subject believes in the deity's actual potential to transform the total environment, thus sustaining

the terms of the earliest object tie…to seek the transformational object is

really to recollect an early object experience, to remember not cognitively,

but existentially through intense affective experience, a relationship that was

identified with cumulative transformational experiences of the self. (pp. 98-

99)

Bollas's understanding of the origins of our longings for transformational encounters

implies that the capacity for sacred transforming experiences is common to humanity.

Jones (1991) suggests that Bollas's theory allows for a "psychology of the sacred" (p. 121),

the power of which is in the revisiting of moments of psychic creation and the transferring

of these moments to the present and future with promise of re-creation. However, although

Bollas acknowledges the transformational capacity of God, in his thinking this function can

equally be performed by anything a person finds transformational; watching rugby for

instance. Unlike Winnicott's notion of the transitional object and Kohut's belief that

selfobjects are not needed once they transmute to internal strength, Bollas's

transformational object is never cast aside or outgrown; although the transformational

object itself may be transformed – from the maternal environment into a person, cause,

place, or event (Jones, 1991). Although Winnicott's transitional object is put aside, the

transitional capacity for creativity and imagination continues to mature.

Bion: God – beyond human apprehension

Bion's thinking about God is complex (Simmonds, 2006). Solomon (2006) notes

that Bion drew on religious mystics to understand human experience; Schermer (2003)

suggests that Bion introduces ideas of mysticism into psychoanalysis. Bion (1970) uses the

term 'O' to denote ultimate truth, and although he does not name 'O' as God, suggests that mystics probably describe experience which most closely approximates the apprehension of 'O'. Bion suggests that there is reality that exists outside the human mind which cannot be apprehended by thought; "thoughts without a thinker" (Symington & Symington, 1996, p. 182). Symington and Symington add that Bion suggests that the ideal of God may be an attempt to explain what is unknowable because of our intolerance, even terror, of not knowing. Bion (2008) says of God:

> …the universes of reality cannot be simple enough to be understood by a human being…the most profound method known to us of investigation – psychoanalysis – is unlikely to do more than scratch the surface. It is, therefore, not surprising that the people who have a predominantly religious outlook say that there are certain experiences which are independent of the human mind; that is to say that God is just a projection of the father of the family as he appeared to us in infancy or childhood is irrelevant and has nothing to do with the God of reality; that it is a human interpretation which flattens out religious belief, turning it into an imprisoning idea; that the scientific, psycho-analytic view of religion or God can in no way describe the reality of religion, but flattens out religious dread, or religious love, or religious hate to a point where the individual cannot feel awe or dread, terror or stupor. This is one reason why modesty is becoming to the analyst: arrogance is not. (pp. 30-31)

Bion (2008) seems to imply that psychoanalysis has no business making pronouncements about God, and cautions analysts to reflect on the limitations of their own humanity. Rather than subject God to a reductive analytic process, Bion appears content to sit with mystery; God is beyond human apprehension. He makes space for the sense of transcendence, which is disallowed in analysis of the psychological. Bion's touching on 'what we do not know' supplies the dialectic which is missing in the discussion of psychoanalytic conceptualisations of God.

Intersubjectivity: 'God' in human connection

Intersubjective psychoanalysis seeks to highlight what emerges within the psychological field constructed by the intersection of two subjectivities – that of the therapist and client, hence the term 'intersubjective' (Atwood & Stolerow, 1984). Although this approach does not claim to be spiritually based, or offer any concept of God, the post-modern movement towards deconstruction of an insular self, which underpins intersubjectivity, allows for spiritual awarenesses to emerge in the 'I-Thou' of relating (Schermer, 2003) and a fluidity of construction which makes room for a revisioning of an individual's idiosyncratic understanding of God (Sorenson, 1997).

The 'I-Thou' of relating suggested by Buber is taken up by Ventimiglia (2008) who comments that since Buber considered God to be at the heart of any encounter between human beings, there is an 'Eternal Thou' experienced in any real meeting between two people. Ventimiglia comments that the central tenet of Buber's work was that the 'I-Thou' relationship between people mirrored the 'I-Thou' relationship humans have with God. This suggests sacredness in connection, which allows for mutative influence. Ogden's

(1994) 'analytic third' also suggests a mutative influence as the subjectivities of both

therapist and client interact in the intersubjective space (Tummala-Narra, 2009).

This move to a 'two person' analysis means that everything about the subjectivities

of both parties matters, including understandings of transcendence (Sorenson, 1997).

Sorenson asserts that in the intersubjective context of construction, deconstruction and

reconstruction, the issue of whether the analyst believes in God is misplaced and asks the

questions, "whose God?" and "which God?" He adds that the intersubjective perspective

encompasses the potential for 'God' to be revised throughout life. This fits with Rizzuto's

(1979) proposition that psychologically speaking no one person's 'God' is like another, and

an individual's 'God' is not necessarily a static representation; this is true of the 'Gods' we

believe in and the ones we do not.

Conclusion

Historically, psychoanalytic psychotherapy has had a lot to say about God. Freud's

contribution in describing religious pathology and identifying the possible defensive uses of

religion is important. However, as later theorists suggest, Freud's observations were

limited to a particular form of religious expression. Ego psychology, self psychology and

object relations all offer perspectives on the intrapsychic 'use' of God. Although these

models are helpful in understanding subjective experience, providing understanding of the

part God plays in psychological structures, their reductive presuppositions mean that they

too are limited. Bollas's theory of the transformational object provides some understanding

of the experience of the sacred, yet the 'Transforming God' may be equally substituted for

any transforming experience. Bion makes space for transcendence, highlighting what

cannot be known, providing the dialectical balance to reductive analysis. Intersubjectivity

is interested in the sacredness of human relationship and emphasises the fluidity, rather than static nature of any divine object. Each of these theories offers a lens through which to view the human experience of God throughout the trajectory of a lifetime. Because such experience is variable and subject to evolution, no one theory can provide the definitive answer on a human being's relationship with God.

The continuum of psychoanalytic thinking about God ranges from the extremes of the infantile to the mysterious; from the pathological to be eradicated, to the incomprehensible, beyond apprehension. For the most part, however, psychoanalysis reduces God to an intrapsychic entity so that He can be analysed in the manner of all psychological material. How does this influence work with Christian clients? The clinical implications of how psychoanalytic psychotherapy treats God will be explored in chapters four and five.

Chapter 4: Therapeutic implications arising from psychoanalytic conceptualisations of God - Key themes

This chapter and chapter five explore the therapeutic implications of psychoanalytic conceptualisations of God. Psychoanalytic positions regarding God vary greatly as is evidenced in the previous chapter. The therapeutic implications arising from such understandings inevitably are also varied. These issues affect how religious material is dealt with in therapy, and the process and outcomes of treatment. The importance of how God is viewed therefore cannot be overestimated. In particular this chapter focuses on the themes that emerge from the literature regarding the different ways psychoanalysis conceptualises God and the influence these conceptualisations have for clinical practice. Themes arising from the literature which are more specifically related to therapist factors will be considered in chapter five. Whilst there is much overlap between these two, the demarcation of the material in this way is intended to assist organisation of the themes arising from the literature. In both these chapters I will illustrate these themes with observations from my own practice.

Belief in God as evidence of pathology

Freud's proposal that belief in God is purely pathological implies that therapeutic efforts would focus on His elimination. Meissner (2009) suggests that the clinical task from this perspective would be to explore the neurotic determinants which led to the client's need to invent a divine being, so that they are enabled to get rid of God, along with the infantile longings which necessitated His invention. De Mello Franco (1998) wryly comments that when pathology is the only lens through which the client's religious faith is viewed, "it turns the analyst's function into that of an 'exorcist', who is supposed, through

his interpretations, to free the analysand from the trammels of his beliefs"(p. 113).

Meissner (2009) suggests that this endeavour would be a blatant countertransference

enactment. Simmonds (2004) concludes, after interviewing twenty five psychoanalytic

clinicians about spiritual issues, that psychoanalysts and psychotherapists have been

conditioned to view spirituality as a defence which may make it difficult to listen to

spiritual material anew. It would seem that Christian clients' unwillingness to engage in

therapy for fear of faith being pathologised is not without substance.

Illustrative of Freud's influence is the following interchange recounted by De Mello

Franco (1998) which occurred at a meeting of analysts when he asked the question, "What

happens when a patient in analysis who says he is a believer communicates his religious

experiences?" A colleague responded:

> "You interpret and there you are!" I enquired what he meant by "there you
>
> are". He replied: "You interpret such material in terms of the transference;
>
> that is all there is to say about the matter". I then asked another question: "let
>
> us suppose that our patient is not a believer and claims in the course of his
>
> analysis not to have any religious concerns. What would happen in this
>
> case?" The ensuing silence suggested to me that in such a situation the
>
> analyst would have nothing to say. (p. 113)

The foregoing implies that religious beliefs are indicative of pathology which needs to be

'worked through' and that the absence of religious material does not warrant enquiry as the

patient has been set free from an infantile state (De Mello Franco, 1998).

It is important to acknowledge, however, that belief in God may contain defensive

elements (Benner, 1992; Morris, 2006), as none of us is without pathology, whatever our

beliefs. As Jones (2002) asserts, Freud's critique of religion does hold some weight, to the extent that religion supports a repudiation of reality, promotes unmediated idealisation, and childish dependency. MacKenna (2002) suggests that Christians may use distorted understandings of God to defend against a reality which feels unbearable. One could even argue that an unwillingness to have faith explored may suggest that it is held somewhat defensively. Morris (2006) in exploring the question of whether religious beliefs can be a defence, concludes that although this may be true, some beliefs may also serve an adaptive purpose. However, Freud's denial that belief could serve any useful purpose may also force clients into a defensive position (Baker, 1998), making it difficult to engage in honest exploration of what may be pathological, even with a self-aware, empathic practitioner.

In my practice it is not unusual to see clients resorting to 'trusting God' to avoid personal responsibility (when action could reasonably be taken), especially in times of crisis. Clients who say that they are 'waiting to hear from God' before pursuing a course of action often underestimate or even repudiate their own resourcefulness. From my observation, clients who resort to these defences commonly exhibit patterns of low self-efficacy and passivity in response to life's challenges. I notice that clients who demur from any therapeutic affirmation, because their strengths are 'God's gift', seem to find it hard to value themselves. Freud's lens of pathology offers some insight into defensive uses of God. However, later theorists' contributions suggest that this is an unhelpfully limited perspective.

God in service of psychic equilibrium

Ego psychology, object relations, self psychology, and their derivatives all assert that God performs a necessary intrapsychic function for those who believe in Him. God-

representations, their creation and elaboration throughout the lifetime, are always at the service of maintaining psychic equilibrium (Kohut, 1977). This suggests a need for sensitivity in exploring such representations because of the essential function they perform. This is especially important, Baker (1998) suggests, when working with religious fundamentalism[12] where the selfobject functions to provide a sense of self. He adds that this needs to be distinguished from religion being a defence against painful feelings; with challenge to the tenets of fundamentalism, a client's very existence feels threatened, since a lack of self is defended against by the incorporative introjection of fundamentalist beliefs.

I notice in my practice that when a client is adamant that a career or other important life choice is 'God's will' and for whatever reason, it does not work out, often an existential crisis ensues. The client is thrown into huge uncertainty about how life works. I have observed that fundamentalist clients often incorporatively introject their religious beliefs, leaving little (if any) room for individual thought or choice. If I ask what the client thinks about something, often the Bible will be quoted. When any independent thought emerges, it is often not without great conflict.

In such instances, a lot of time needs to be spent in honouring these defences, and any challenge needs to reflect the client's growing dissonance. As clients are able to explore their early object relations and form less transferentially-based relationships in the present, I have noticed a concomitant change in their relationship with God. Clients who have little self-capacity often cling desperately to God. As self-capacity strengthens, there

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[12] Fundamentalism – Christian fundamentalism holds firmly to certain tenets of faith known as fundamentals. Underlying these fundamentals are two premises: that it is possible to 'know' without doubt – faith is anchored in historical/eternal realities; and the belief that scriptural teaching is unambiguous and not subject to perceptual bias (Powell, Gladson, & Meyer, 1991).

is an accompanying maturing in faith in which the relationship with God is often described as more companionable.

God as an evolving representation, inextricably connected with psychological development

The fact that God performs an intrapsychic function for believers, suggests that the religious and the psychological are inextricably connected and subject to reciprocal influence (Genia, 2000; Rizzuto, 1979). McDargh (1993) audaciously borrowing from Freud observes that "religious material is yet another 'royal road to the unconscious' that may be creatively explored and integrated into the therapeutic process" (p. 172). Rizzuto (1996) asserts that to omit an exploration of religious issues leaves a client with an incomplete therapeutic process. Rizzuto (1979, 1993) found that information about a client's idiosyncratic images of God provide insight into their psychological development and the quality of his or her early relationships; a correlation between the two was noted. Research by Hall, Brokaw, Edwards and Pike (2000) supports these findings. Sorenson (1990) comments, "One's image of God as an object, then, bears the imprint of the person's evolving, developmental experience" (p. 216).

Rizzuto (1996) proposes that through an examination of God-representations, a client is able to work through developmentally arrested ways of relating to parent figures as well as aspects of God arrived at in childhood which serve defensive purposes, and arrive at a more mature level of functioning. The interconnectedness between psychological and spiritual development suggests that God-representations are constantly evolving, and offers the possibility of their reconfiguring and revisioning through the therapy process (De Mello Franco, 1998). It is important then, that when a client refers to God, the therapist enquires as to meaning, since this representation is subject to change.

McDargh (1986) and Shafranske (2005) comment on cases where clients were enabled to move from a defensively held faith based on archaic God-representations to a transformed spirituality, as psychological capacity developed. Hall et al. (2000) add that the progression of psychological development from symbiosis to differentiation is often reflected in a client's ability to move from an introjected understanding of God to the embracing of spirituality unique to the client. They also suggest that using the stages of object relations development may offer a common language to help a client understand their spiritual journey.

Although Shafranske (2005) and Hall et al. (2000) speak about progression from a psychological perspective, such 'progression' may be in conflict with religious values. For example, how does the therapist differentiate between psychological symbiosis, and a spiritual union and merger with God which is highly valued in Christian thinking? (Meissner 2005). Dependence on God is also important for a Christian. Even though Guntrip (1961) differentiates between dependence which is pathological and that which is inescapably part of being human, such differentiation may not be so easily determined in practice. It seems that care may need to be taken in allowing for a religious perspective on maturity which may not entirely correlate with maturity from a psychological perspective. Meissner (2009) concurs with the potential for remodeling the client's relationship with God, but adds a note of caution, agreeing with Corveleyn (2000), that what this looks like needs to be left to the client, as it is beyond the scope of analytic concern, and I would add, perhaps beyond analytic understanding.

In my own practice I have observed that Christian clients' difficulties in interpersonal relating often mirror their experience of God. For example, if people are felt

to be rejecting and abandoning, it usually follows that God is found to be the same, a position which can be traced back to early object relating. It is common in my experience to see a client move from ways of relating to God which are life inhibiting, to a more life enhancing relationship, concomitant with more adaptive object relationships.

God as an intrapsychic resource

For the Christian, a relationship with God may provide comfort and reassurance in times of difficulty as well as the refreshment and rejuvenation necessary for human existence. Zeiger and Lewis (1998) comment that therapists need to be aware of the supporting role religious beliefs may provide during times of need. Winnicott believes human life is impoverished if unable to access the transitional realm, and that religious experiences in this transformational space are a source of renewal and creativity (Jones, 2002). Bollas's (1979) proposition that the search for a transformational object is not derived from insufficiency, but rather a natural human desire to recover what is growth enhancing, implies that clients' positive experiences with God can be part of therapeutic transformation. The idealising selfobject function noted by Kohut suggests that a Christian's connection with God can provide 'borrowed strength' (Henricson-Culberg, 1984). Shafranske (1996) echoes this, commenting on the potential of a positive God representation to aid psychic integration. Rizzuto (1979) notes the compensatory role that God may play in a person's life, for example, providing a sense of security when this was deficient in early childhood.

Henricson-Culberg (1984) describes case work where God is seen as performing a 'holding' function for the client. Rather than work to transfer the holding function to the therapist, Henricson-Culberg recognises the importance of this connection, commenting,

"The holding function of God is of course a better one than that of the therapist, whose failures are easy to discover and who goes away now and then; God is always present" (p. 192). She does, however, suggest that this need may be relinquished with psychological development. Although object relations and self psychology offer the possibility of God being a 'resource', it also implies that this resource may be 'outgrown' once the client is able to internalise the 'god-function' (Jones, 1991).

I have noticed that some clients may describe transformational experiences with God during the course of therapy which positively influence their psychological adaption. For example, some speak of having a sense of God's love, often accompanied by visual images of being held, which increases feelings of self-worth and security. This awareness may be used to self-soothe and provide safety when accessing painful material in therapy. I have also observed that this connection with God may be compensating for something clients find difficult to access in interpersonal relating, although it can provide a bridge to an increasing trust in human connection.

What about the transcendent God?

A client's ability to utilise God as a resource, however, may be hindered by reductionistic transference interpretations which diminish the transcendent by connecting allusions to God to other object relationships (McDargh, 1993). Although an understanding of an individual's subjective experience of God may serve to advance intrapsychic development, it seems that an emphasis on the subjective elements of religious experience reduce a relationship with God to purely human terms, thus diminishing or misrepresenting the transcendent (Sieve, 1999; Spero, 1990, 1995). Beit-Hallahmi (1992) argues "If all you can say is that God is a transitional object, religious faith is in trouble,

because that is not what believers want and say" (p. 128). Spero (1985) asserts that if a human-God relationship is a real one, then models which derive God-representations without acknowledging this are incomplete or even invalid. Meissner (2006) adds that any connection between God in the intrapsychic and God in external reality is either not addressed or denied.

Noam and Wolf (1993) comment on the supervision, by a seasoned analyst, of a supervisee who was having difficulty knowing how to approach a patient's religious material. The clinician reportedly advised the supervisee not to treat religious concerns any differently than any other associations. This attitude presents difficulties for those who claim to have a relationship with God, who is not just another object relation or another association. Spero (1985) trenchantly suggests, "The clinician's ability to genuinely accept the divine-human interface as valid and relevant will have far-reaching influence on the course and effectiveness of psychotherapy" (p. 10). I concur with his position. While some clinicians may baulk at this suggestion, one may ask whether the therapist has at least some responsibility for transparency about the bounds of analytic enquiry so that the client is under no illusions about the frame of reference.

Although the limits of psychoanalytic enquiry concerning God are clear in the minds of Rizzuto (1979) and Meissner (2006, 2009), one wonders whether an exclusive focus on the intrapsychic suggests that that is all there is, possibly undermining a client's faith. Sieve (1999) comments on the importance of both client and therapist being able to focus on the God the client experiences "without annihilating any real God in the process" (p. 47). This sounds theoretically plausible, yet demands a particular clarity and self-awareness on the part of the therapist, the evidence of which is not supported by the

literature. Sorenson (2004) grapples with the challenge of conceptualising one particular

client's God psychoanalytically, commenting that rather than settle with a reductive

formulation which failed to capture the full dimension of the client's developing faith, he

called God 'object X' to stay open to mystery.

God as mystery

Bion's (2008) suggestion that the mystery of God cannot be apprehended by

psychoanalytic theorising escapes the mire encountered in intrapsychic conceptualisations.

His comment that God is rendered two-dimensional by such methods is one which would

be welcomed by Christian clients. Bion's approach provides space for mystical experience.

When clients speak of God's 'felt presence' with them, or recount events where they were

met by Him in a profoundly life-changing way, Bion's thinking allows a therapist to join

with the client's awe, rather than analyse it. Analyst participants in Simmonds's (2006)

research speak of the relevance of Bion's work in developing a stance of open-minded 'not-

knowing' when it comes to understandings of God in their work with clients.

It seems that what is being suggested here is no more than adherence to the analytic

method; Sorenson (2004) asserts that psychoanalysis is a discipline that "specialises in

uncertainty or not knowing" (p. 114). Bion (1970) advocates the need to meet the client

without memory or desire. Solomon (2006) suggests that this is a "means of putting aside

prejudices and pre-conceptions in order to bring to the encounter with patients an open and

receptive mind at each meeting" (p. 100). Bion's appreciation not only of mystery, but also

a therapeutic stance which suggests a way that mystery may be given space in the

therapeutic encounter, is in this author's view an important contribution to working with

Christian clients.

God as an intersubjective experience

The emphasis on a two-person psychology and the intersubjective nature of therapeutic space allows for more open exploration of spirituality (Tummala-Narra, 2009). The social constructionist paradigm which underpins intersubjectivity allows for fluidity of spiritual experience as it is co-constructed within the therapeutic matrix (Sorenson, 1997). While this fluidity may be difficult for those of a more fundamentalist tradition, where tenets of faith are held somewhat rigidly, the thought that "there is more to knowing than knowing will ever know" (Sorenson, 1997. p. 57) provides room for the transcendent without the reductionism endemic in positivist epistemology. Where fundamentalism uses belief in God in an isolated manner to defend against what Baker (1998) calls the unbearable embeddedness of genuine human relating, it is vital that the therapist be able to empathically appreciate the client's use of faith.

Such understanding and acceptance may lead to the client being able to expand their awareness of the sacred, into human connection. As noted in chapter three, intersubjectivity suggests that in the genuine meeting of two subjectivities (the therapist and the client), something sacred occurs (Ventimiglia, 2008). Buber's belief, noted by Ventimiglia, that God is at the heart of any real 'I-Thou' encounter is one reflective of Christian thinking, but the intersubjective experience would not define the presence as 'God'.

The inclusion of the subjectivities of both therapist and client within the therapeutic matrix in the intersubjective tradition (Attwood & Stolerow, 1984) suggests the need for transparency about what the therapist brings to the process. Sieve (1999), in her intersubjective case study analysis of countertransference experience in the analysis of

religious material in therapy, notes that this approach does enable a therapist to engage more fully with the religious material of the client by bringing her own religious subjectivity to the therapeutic encounter. The huge growth in interest in spirituality in the last ten to fifteen years has been responded to by some thoughtful writing by clinicians from intersubjective approaches (Stone, 2005), which encourages therapeutic attention.

There have been a number of times in therapy when the client and I are meeting in what feels like a genuine encounter, when there seems to be another presence in the room. In my observation these moments occur when there is a depth of relating; they are moments of sacred awe, when time seems to stand still, words are superfluous, and our beings are expanded by 'the something more'. These moments almost defy description. In my view, Buber's 'I-Thou' of relating offers some way of understanding this experience. From the Christian tradition, I experience such presence as God; although these moments are not experienced solely with Christian clients.

Conclusion

This chapter suggests that a client's experience of God is complex. It ranges from the defensive to the adaptive, is constantly evolving and inextricably connected with our psychological development. All psychoanalytic theories of God have a place in offering some explanation of a person's idiosyncratic relationship with the God they know at a particular stage of their development, yet no one theory alone captures the complexities of the 'God relationship'. Psychoanalytic exploration is limited to the intrapsychic and intrapersonal dimensions of religious belief, and can say nothing about the existence or otherwise of a literal God. This may cause confusion for both clinicians and Christian clients. The fact that classical psychoanalysis declares that God exists only as a projection

has been influential in the lack of consideration given to religious and spiritual matters in psychotherapy training programmes. This lack of training has had an impact on therapists' awareness of their own religious material which is played out in countertransference responses. These themes are the topic of the next chapter.

Chapter 5: Therapeutic implications - Therapist factors

This chapter considers specific therapist factors arising from the literature regarding psychoanalytic conceptualisations of God. The literature suggests that there is a dearth of training and widespread avoidance of religious issues in therapy, resulting in a lack of integration between the psychological and the spiritual dimensions of the client's experience. The therapist's countertransference and religious orientation are also considered as these have a direct bearing on working with a client's expression of God in therapy. Illustrations from my own practice will be used where applicable.

Lack of training

An absence of training concerning working with religious issues in therapy is often noted by clinicians (Bartoli, 2003, 2007; Greer, 2005; Shafranske, 1997; Tummala-Narra, 2009). Sorenson (1994), Bartoli, (2007), and Noam and Wolf (1993) comment that this may leave therapists somewhat mystified about what to do with religious material which presents in therapy. It is difficult even for a therapist to see the interconnectedness between the psychological and the spiritual, let alone work with these issues integratively, without adequate training (Rosenberger, 1990). Both Sorenson (2004) and McWilliams (2000) suggest that psychoanalytic training institutions need to broaden the scope of their education to incorporate teaching from religious and spiritual disciplines to adequately address this deficit.

A survey of one hundred and fifty-one therapists and their willingness to integrate religious material into psychotherapy conducted by Karle (as cited in Griffith & Griffith, 2002), found that over half of those surveyed cited training, education, and work places as discouraging discussion of God in therapy. Wyatt's (2004) survey of five clinicians'

accounts of their work with religious issues notes that no theoretical rationale is used, just a reported 'implicit knowing' of what to do. One may wonder on what this 'implicit knowing' is based. Ulanov (2001) challenges that "the space between subjectivity and objectivity that leads to or closes the space of meeting with God can no longer be neglected in the training of analysts" (p. 42).

It is interesting to note that even though analytic thinking about God has undergone extensive evolution since Freud, as explored in chapter three, this has not been reflected in the field of education (Noam & Wolf, 1993). De Mello Franco (1998) suggests that Freud's equating pathology with belief, and health with non-belief, has stifled the investigation of the relationship between religion and psychoanalysis. Noam and Wolf speak of an intergenerational link of unexamined religious beliefs of teachers being passed down to students which becomes psychotherapy by precedent. These authors comment that unless this 'bequest' is interrupted, it continues to perpetuity, and De Mello Franco observes, causes a 'blind spot' which may be acted out countertransferentially.

Countertransference

Countertransference issues surrounding God are formidable, and need careful attention as unexplored material in the transference leads to enactments, incomplete therapeutic process, and at times therapy failure (Sieve, 1999). However, countertransference to religious issues is notably ignored in the literature (Sorenson, 1994). Sieve comments that classical analytic thinking has meant that until relatively recently the therapist's own subjectivity in the therapeutic process has not been attended to, and this, together with the taboo on considering religious issues (Noam & Wolf, 1993) and therapists' tendency to ignore the effect of their own attitudes to religion (Humphries,

1982), has resulted in clinicians' having difficulty reflecting on countertransference responses to religious material.

It is crucial that therapists examine their own responses to religious material, so that practice becomes more conscious (Holmes, 1997; Shafranske, 1996). Ulanov (2001) comments:

> Whatever our religious affiliation as analysts, ranging from belief to unbelief, from embrace to dismissal…our own countertransference to the infinite object God affects what sort of object we unconsciously offer our patients for their own transference. Our relation to our own subjective and objective God-images and to god as Objective-Subject influence who is present to our analysands and how our countertransference will operate. (p. 42)

When a client speaks of a relationship with God, if a therapist has suppressed their own religious material, it is likely that the topic will not be pursued (Leavy, 1988). According to Rizzuto (1979) it is not enough for therapists to plead atheism in order to avoid attending to their religious material. She suggests that atheism may be derived from repression of a God-representation: a position which would have a bearing on therapy with a believer.

The nature of the therapist's God-representation

Countertransference responses are greatly influenced by the religious orientation of the therapist. Religious clients, fearful that their faith will be pathologised or destroyed by a non-believing therapist, may be defensive, avoiding discussion of their faith, thus limiting

possible useful exploration (Baker, 1998; Greer, 1995; Kehoe & Gutheil, 1984). However, Noam and Wolf (1993) sardonically comment that this avoidance may at least offer the client some protection against possible attempts to deprive them of their faith. Griffith (2006) notes that an anti-religious bias may cause a therapist to make assumptions about the functions of a client's faith, ignoring the potential for using aspects of religious expression as a resource, missing diagnostic steps and openings for therapeutic interventions.

Given these difficulties, perhaps it would be preferable for Christian clients to see therapists who also identify as Christian. While this is certainly the choice of many Christian clients (Cohen, 1994; Esau, 1998; Pitchon, 1998), clinical opinion is divided. Spero (1981) asserts that it is imperative that a religious client sees a therapist of similar religious outlook, because of the pathologising stance of many clinicians. Sorenson (1997), however, wonders at the wisdom of this because of the possibility of collusion through the ego-syntonicity of beliefs. Sorenson's research fails to conclude that religious matching between client and therapist is preferable.[13]

Just as a non-religious therapist seeing a religious client may cause transferential difficulties, negotiating these issues are also problematic when there is a therapeutic match (Cohen, 2003; Genia, 2000). Trust may be quickly engendered between Christian client and therapist on the basis of commonality (Lovinger, 1984). Baker (1998) observes that because religious experience often serves a selfobject function, a client may need the reassurance that their religious position is shared in the initial stages of therapy. However, Cohen's (1994) research suggests that shared belief may lead to collusion. Strawn (2007)

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[13] Sue and Sue's (2003) "Cultural Identity Model" (p. 215) suggests that cultural matching is indicated at different stages of cultural identity formation.

adds that shared assumptions may impede exploration of religious material, and Kehoe and

Gutheil (1984) describe a case where shared belief led to therapeutic resistance. Spero

(1985) comments that a religious therapist may be idealised, overvalued, or perceived as

omniscient.

The above comments resonate with my experience as a therapist working with

Christian clients. These clients often attempt to relate as a peer, since 'we are part of the

Christian family', and do not expect to have aspects of their faith challenged. I have also

observed that Christian clients tend to transfer their faith in God or the pastor onto me,

expecting a magical cure, wanting spiritual advice or expecting me to pronounce judgment

as another Christian 'authority'. It is important not to accept the transferential invitation to

offer 'God-like' pronouncements. I have found that even interpretation needs to be offered

cautiously with some, as it can be received as 'God's word'.

Therapist's self-awareness

Working with religious issues demands a high degree of self-awareness on the part

of the therapist whether they are religious or not (Shafranske, 1996; Sieve, 1999; Zeiger &

Lewis, 1998). Research by Sorenson (1994) states that one of the greatest predictors of

therapists being able to facilitate exploration of their clients' religious material is having

such material explored in their own therapy. Although Sieve (1999) sees this as desirable,

she wonders whether non-believing therapists would really be open to this exploration.

Simmonds's (2004) research suggests that this exploration is important for Christian

therapists also. Her study concludes that religious therapists are notably reflective of the

adaptive nature of their own religious beliefs, yet see only the pathological in their clients.

This likely projection may be a convenient way of managing what is pathological in the

clinicians' faith. Although it is clear that therapist self-awareness is crucial, development in this area is hindered by an absence of training. Bartoli (2007), in recognition of the dearth of formal training, offers a number of therapist self-awareness exercises to enhance religious and spiritual competencies.

Choice of therapist

Whatever the religious orientation of the therapist, it is important to be curious about the religious client's choice of practitioner, as this can yield important therapeutic material. Although Strawn (2007) recommends that the therapist abstain from disclosing religious affiliation in the interests of developing transference based on the client's needs, this is not always possible in practice if the therapist is identified within the Christian community. A survey of religious psychotherapy clients by Wikler (as cited in Zeiger & Lewis, 1998), reveals that eighty-five percent of respondents took into account religious belief system when choosing a therapist. Whilst nearly half of those surveyed preferred to work with a religiously similar therapist, twenty percent preferred a religiously dissimilar therapist. The former made their choice for trust, avoidance of religious conflict, and a sanctioning of their religious position, while the latter wanted to avoid judgment for not living up to religious standards.

Avoidance of religious material

Given the lack of training and countertransferential difficulties, it is not surprising that avoidance of religious material in psychoanalytic therapy is noted widely in the literature (Cohen, 1994; De Mello Franco, 1998; Healey, 1993; Kochems, 1993; Rizzuto, 1979; Simmonds, 2004; Sorenson, 1994; Tummala-Narra, 2009). Somerstein (2006)

details a case study where his own religious conflicts with regards to the client's religious

practice cause him to initially try and keep this material out of therapy. Rizzuto and De

Mello Franco notice that there is a dearth of analysis of religious material in psychoanalytic

case presentations. Rizzuto adds that religious matters seem only to be addressed when

they are seen in the bizarre and delusional presentation of psychotic clients. Some

practitioners in Cohen's (1994) research cite clients' sensitivities to encroachment on their

religious beliefs as reasons for avoidance. However, Cohen, noting the fact that these

clinicians had religious beliefs themselves, suggests some element of collusion, projection,

and identification. It is interesting that this avoidance is observed by both non-religious

and religious therapists. Zeiger and Lewis (1998) advocate that if:

> psychoanalytically sophisticated therapists themselves are reluctant to
>
> subject their personal religious beliefs to analysis, certainly they must also
>
> be careful not to infringe on the faith of the less psychologically
>
> sophisticated public through religious exploration that may lead to
>
> discomforting religious questioning. (p. 419)

This sounds somewhat patronising and seems to be an example of what

Cohen (1994) suggests is a justification of the avoidance of religious material by

projecting the therapist's anxiety onto the client.

Avoidance by the therapist may be joined by that of the client in a

collusional dance. Sorenson (2004) comments that avoidance of religious material

by the clinician is subtly communicated to the client, who learns what interests the

therapist and so begins to modify the presentation of themselves to meet the

perceived view of the analyst; this is termed 'pathological accommodation'

(Stolerow, Brandchaft, & Atwood, 1987). Simmonds (2004) suggests that these responses may be transferentially driven, whereas the intersubjectivity literature suggests that a client can accurately assess a therapist's sensitivities in this area (Dunn, 1995). Simmonds questions twenty-five psychoanalytic practitioners about their experience of religion and spirituality in their own analyses. Many participants find that they are unwilling to subject what was felt to be personally sacred to analytic 'dissection'. Some 'tested the waters' to check receptivity. Incidences of overt rejection of spiritual issues were mentioned by some respondents. One comments that there are "some experiences I wouldn't take there, or learned not to take there" (Simmonds 2004, p. 962). This avoidance may have been strengthened, however, by the fact that these clinicians were students in psychoanalytic training institutes, as some participants found it possible to address religious issues in later analyses, or explore their spirituality once therapy finished. Although this research only concerns practitioners' experience of therapy, the literature suggests that this avoidance occurs among 'lay' clients also (De Mello Franco, 1998).

Absence of integration

A logical outcome of avoidance of religious material in therapy is a lack of integration between spiritual and psychological functioning in the psychotherapy process (Greer, 2005). Avoidance gives the client a clear message that religious and psychological material cannot be or should not be integrated (Kochems, 1993). Rizzuto (1979) laments the effect Freud's atheism has had on generations of analysts, commenting:

Intentionally or unintentionally, he gave the world several generations of

psychoanalysts who, coming to him from all walks of life, dropped whatever

religion they had at the door of their institutes. If they refused to do so, they

managed to dissociate their beliefs from their analytic training and practice,

with the sad effect of having an important area of their own lives untouched

by their training. If they dealt with religion during their own analyses, that

was the beginning and end of it. (p. 4)

Cohen's (1994) study of twelve religiously committed psychoanalytic clinicians,

finds that these practitioners have not integrated their personal religious beliefs with

psychoanalysis, managing to unconsciously compartmentalise their spirituality, and hold to

Freud's pathologising of religion. Wyatt's (2004) study finds a similar lack of integration.

One may wonder that if it seems an impossible feat for clinicians with knowledge of both

epistemologies to integrate their spirituality with psychological awareness, then how do the

"less psychologically sophisticated public" (Zeiger & Lewis, 1998, p. 418) fare?

Conclusion

Psychotherapy by precedent has meant that classical psychoanalytic thinking has

largely gone unchallenged in training institutions. This suggests that therapists are largely

uninformed of psychoanalytic developments which could assist in working with religious

material. This absence of training indicates that avoidance of religious issues is prevalent.

Not only is there a lack of evidence that evolving psychoanalytic thinking about religious

issues is applied in any intentional manner in the therapeutic process, but it appears that

therapists are often unaware of the effect their unexplored religious histories and orientation

may have in their countertransference to clients' religious material. The apparently obvious solution of a religious cultural match between therapist and client is not a solution, as issues of training and awareness are pervasive irrespective of the therapist's religious orientation.

Implications of psychoanalytic thinking about God are wide-ranging, as the foregoing chapters suggest. They affect the willingness of Christian clients to engage in therapy, the therapeutic relationship and the nature, process and outcome of treatment. The therapist's own religious orientation and awareness of this is influenced by training, and in turn, influences therapy. Salient points explored in these chapters will be further considered in the Discussion chapter which follows.

Chapter 6: Discussion

Psychoanalytic conceptualisations suggest a number of lenses through which to view a client's concepts of God. This 'God relationship' is subject to change during the treatment process along with shifts in psychological development. McDargh's (1992) comment that, "We are on the road to genuine understanding when we recognize that indeed we do not know what our clients mean the first time they refer to their God" (p. 2), is a pertinent one. It is apparent that a lens which provides clarity at one stage, therefore, may obscure at another.

The lens of pathology has its place when religious beliefs are life-limiting, yet when used exclusively, may miss the whole picture, and disallow the evolution of that which is adaptive. Ego psychology, self psychology, and object relations theories all view the intrapsychic use of God as part of self-cohesion and identity. This view permits God to be a resource in service of human need, although He may become redundant once a person internalises their own 'god-likeness'. Bollas (1979) sees God as offering transformational experiences, but He may be equally substituted with any object or pursuit which serves to transform. Unlike the transitional, however, the need for transformation is never outgrown. Meissner's (1984) proposal of religious developmental stages which correlate with psychosocial development provides a useful way of viewing a client's evolving faith. However, all these views are limited to the intrapsychic, which Rizzuto (1979) posits is the limit of analytic enquiry.

Although a lot is to be gained by the exploration of God's intrapsychic 'uses', this does not, I submit, adequately meet the needs of Christian clients, for whom belief in God as an objective reality is central to faith. A perspective which views the client's 'God

material' from an interpersonal or intrapsychic position neglects the possibility that something new may be happening in a client's relationship with an objective God, which can influence both the intrapsychic and the interpersonal. This suggests that what happens within therapy with a Christian's relationship with God may not be able to be contained 'neatly' within intrapsychic or interpersonal parameters.

McDargh (1993) questions whether it is enough for a clinician to appreciate the psychological aspects of a client's religion, or whether it is also necessary to have a position on the ontological standing of the client's intrapsychic religious world. However, given the bounds of analytic exploration noted by Rizzuto (1979), I wonder whether such a position can be expected. At the risk of digressing into apologetics, it may be said that while the projected desire for God is not evidence that He does exist, neither is it evidence that He does not. Although it may be unreasonable to expect a therapist to concur with their client's belief in God as an objective reality, if it is not one personally held, it is suggested that there needs to be some acknowledgement of the uniqueness of that which could have a source outside the limits of analytic enquiry, so that Christian clients may have their worldview treated respectfully.

Bion's (1970) concept of God as mystery, together with intersubjectivity's openness to what may emerge in the interpersonal matrix, suggest a way of working with religious material which allows for a God who may exist outside of human creation. Although neither Bion nor the intersubjectivists suggest an ontological position concerning the existence of God, they provide a way of listening to religious material that, "does not exclusively and unilaterally translate its meanings into the interpersonal or intrapsychic

language that is the common currency of psychotherapeutic exchange" (McDargh, 1993, p. 175). These approaches may even offer a synthesis between psychological reductionism and belief in an objective God.

One may wonder whether irrespective of theoretical orientation, adherence to the psychoanalytic method would enable a therapist to hold a client's experience of God without imposition. This method includes vicarious introspection and empathic immersion in the world of another, in order to facilitate increasing self awareness by making conscious what is unconscious (Sorenson, 2004), as well as analytic neutrality (Meissner, 2009). Meissner suggests that neutrality requires that the therapist not take a position for or against the validity of a person's religious beliefs; only assist him to work through what may be neurotic, so that he is freely enabled to choose to believe as he wishes. One could hope that empathic immersion and neutrality would be enough to honour the client's experience. However, it is ironic that although psychoanalysis holds these values because of its adherence to particular notions of the human psyche, and theories of what adaptive human function looks like, when religious experience is encountered, the psychotherapist may unconsciously or even consciously impose meaning making on a client's experience of God. Sorenson (op.cit.) comments that therapists may have no difficulty adhering to the psychoanalytic method of enquiry except when it comes to matters of religion. Bartoli's (2003) research suggests that belief in a literal God is especially problematic.

Analysts' difficulties with belief in God seem to suggest a collision of values between the two disciplines. Fromm (1974) asserts that the analytic endeavour is a search for truth "about phenomena not outside of man but in man himself" (p. 77). Christianity

too is a search for truth which Bryant (1987) suggests is "to grasp what is completely real, to be freed from falsehood, illusion and ignorance" (p. 6), and that this truth is found in union with God. It seems that the two disciplines may disagree about the source of truth. Psychoanalysis often appears to value autonomy and self-responsibility, although Guntrip (1961) and others have suggested that a healthy dependence is part of being human. Christianity values a sense of 'creatureliness', a life lived in relationship with God on whom the Christian is dependent, and to whom he is responsible (Pearlman, 1937). Psychotherapy values differentiation from symbiosis and enmeshment (Hall, Brokaw, Edwards & Pike, 2000), whilst Christianity values union and merger with God (Meissner, 2006). The possibility of conflicting values between the psychoanalytic and the Christian worlds can cause a Christian not to feel understood by a non-Christian therapist.

The influence of the therapist on a client's belief system should not be underestimated. Sorenson (2004) comments that the therapist, whether religious or not, has greater influence on a client's spirituality than does even the client's family of origin or religious authorities of the tradition in which the client was raised. The importance of holding this influence consciously cannot be underestimated, whatever the therapist's faith position. Rizzuto's (1979) conclusion that in the Western world we all have a God-representation, whether it is the God we believe in or the one we do not, has implications for therapists. Professional integrity demands that therapists are aware of their own position regarding God, both presently and historically, so that therapeutic work is not compromised by countertransferential baggage.

Whatever theoretical view of God is considered, and whatever the religious orientation of the therapist, the literature notes that training in religious issues for psychotherapists is negligible. This suggests that the majority of clinicians may not be aware of theoretical advances in this area, nor be encouraged to explore their orientation to religion within their own therapies. Even though the taboo on spirituality is waning, therapist knowledge is not increasing (Noam & Wolf, 1993). Implicit knowledge rather than explicit appears to be common (Wyatt, 2004). Morris (2006) adds that therapists are largely responsible for their own education in understanding a client's religious functioning. One wonders about the nature of such education.

Although McWilliams (2000) and Sorenson (2004) suggest that the structure of training programmes needs to change to incorporate religious as well as other disciplines, to widen the field, in this author's view the psychoanalytic world in New Zealand is a long way from this. It would be a start just to have religion and spirituality included within the curriculum of current psychoanalytic training programmes. The lack of training in both theory and self-awareness begs the question of how a therapist would be deemed 'culturally safe' regarding matters of religion and spirituality. Indeed, I suggest the current situation is of ethical concern, a concern which is further considered in the Conclusion chapter which follows.

Chapter 7: Conclusion

In this chapter I shall reflect on the limitations of the research, consider recommendations for further research, provide a brief summary of the study, and offer the reader some concluding thoughts.

Limitations of this research

As this research has used the methodology of a systematic literature review, no further empirical data has been obtained. Literature which has been reviewed surveying the experiences of clients in therapy, has explored the experiences of therapists as clients (Bartoli, 2003; Cohen, 1994; Simmonds, 2004; Sorenson, 1997), which may differ from that of 'lay' clients. Religious attitudes of therapists are influenced by context as Sorenson's (1994) comments about Cohen's (1994) research demonstrates. The lack of psychoanalytic literature from a New Zealand perspective is particularly concerning as one wonders whether the demographics of religious belief in American society, widely noted in the literature (Sorenson, 2004) actually holds true in the context of Aoteoroa, New Zealand. This lack may be of particular importance when considering the impact of psychoanalytic conceptualisations of God when working with Maori clients who identify as Christian. As noted previously (Morice, 2003), work which considers the fit of an analytic frame with a Maori worldview touches on this; however no reference to analytic concepts of God is considered.

Recommendations for further research

The field is open in New Zealand for research on the psychoanalytic treatment of God in therapy from the perspectives of both therapist and client. Research is needed which asks questions of practitioners concerning their religious and theoretical orientations, and whether their religious perspectives have been explored in their own therapy. Important also is how a client's religious material is approached. Research from the clients' perspectives could include whether their choice of practitioner was based on religious orientation; whether or not religious material was offered by themselves, or asked for by the therapist; and if such material became the focus of therapy, how it was addressed. Also of interest are clients' reflections on the state of their religious affiliation/spirituality and relationship with God, pre- and post-therapy.

Summary

In this dissertation I have introduced the topic in chapter one by discussing my particular interest in the field with reference to my clinical practice. In chapter two I have delineated the methodology chosen to undertake the research, and set out the literature search, noting its limits with inclusion/exclusion criteria. Chapter three has provided an overview and critique of psychoanalytic conceptualisations of God. The implications of these conceptualisations on the client and the therapist have been explored thematically in chapters four and five. Relevant clinical material has also been included. Chapter six has provided a discussion of the themes noted in the previous two chapters, with an eye to the future. Chapter seven concludes the dissertation, discussing limitations of the research and suggestions for further study. An appendix has been provided to define terms used in the study.

Conclusion

This study suggests that the implications of psychoanalytic conceptualisations of God in working with Christian clients are complex. Given the evidence of the inextricable connection between the psychological and the spiritual, as well as an increased interest in spiritual matters in the times in which we live, this complexity cannot be avoided in a therapeutic process which addresses the whole person. Contemporary psychoanalytic epistemologies have moved away from reductionism and suggest greater openness to mystery, yet a focus on the intrapsychic 'uses' of God should not be discarded. The analytic method provides the environment for such exploration. De Mello Franco (1998) comments:

> If analysis is an adventure in the sense of a process directed towards the unknown, it also contains within itself an infinite range of possibilities of assigning new meaning to the personal and universal, immanent and transcendental experience of contact with a God whom we simultaneously create and discover. (p. 128)

I submit that psychoanalytic psychotherapy has a lot to offer Christian clients, assisting in the differentiation between life-limiting and life-enhancing forms of religious expression, and in facilitating spiritual development. However, in order that this potential may be realised, psychoanalytic training institutions need to rise to the challenge of educating therapists in spirituality. Such training may need to venture out of the sequestered psychoanalytic world to incorporate religious and spiritual disciplines, so that clinicians are fully resourced through self-awareness, as well as equipped to respond in a

theoretically-informed manner to clients' varied experience and expression of God. To be willing to respond to the challenge of entering the inevitably uncertain realm of Christian religious faith, and to be willing 'not to know', would, I suggest, simply be to embrace the very psychoanalytic principles to which the profession claims to adhere.

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Appendix: Definitions

The following are definitions used for concepts core to this dissertation.

Psychoanalytic psychotherapy

Shafranske (2005) notes that psychoanalytic psychotherapy is a model of therapy by which, through vicarious introspection into the client's world, the psychotherapist is able to help the client discover and make meaning of his/her inner life. The client's internal conflicts come to the surface and reenactment of these in the therapy relationship facilitates insight, leading to changes in recursive patterns of behavior. As Shafranske states, "The ways in which the patient has habitually perceived and related in the world, under the shadow of past early object relations, are brought to light through close attention to all forms of unconscious expression, particularly in the form of transference" (p. 107). Through reliving the past in the therapeutic relationship, unconscious repetition becomes conscious and new ways of relating become nurtured within therapy and generalized to other relationships. In addition to insight, therefore, the corrective emotional experiences provided in the context of therapy make changes in psychological makeup and functioning possible. A client's expanded capacity to understand and express him/her self, leads to a greater sense of mastery in daily living.

Spirituality/ Religion/ Christian

The literature suggests that there is considerable overlap in the concepts of religion and spirituality (Bartoli, 2003; Miller & Thoresen, 2000; Rizzuto, 1996; Sorenson, 2004). However, it is generally agreed that religion is a possible expression of spirituality, although not necessarily synonymous with it.

Spirituality

Spirituality is concerned with an individual's subjective experiences of transcendence, which may or may not include theistic belief or identification with a particular religious group (Miller & Thoresen, 2000; Sorenson, 2004). The emphasis is with internalized values and connection to a transcendent dimension of life, rather than adherence to a set of prescriptive beliefs.

Religion

Religion "represents a cultural codification of important spiritual metaphors, narratives, beliefs, rituals, social practices, and forms of community among a particular people that provides methods for attaining spirituality, most often expressed in terms of a relationship with the God of that religion" (Griffith & Griffith, 2002, p. 17). Religion is made up of implicit and explicit beliefs relating to the practices of a prescribed religion (Bartoli, 2003; Miller & Thoresen, 2000). There is generally a theistic component except in the case of Buddhism (Sorenson, 2004). Religion includes a community expression of faith in an organized institution (Miller & Thoresen, 2000).

Because there is considerable overlap between the terms religion and spirituality and each client "depending on their cultural background and life experiences, will conceptualize religion and spirituality somewhat differently" (Bartoli, 2007, p. 56), these words will be used interchangeably.

Christian

The term 'Christian' is used to denote a follower of Christ (Blaiklock, 1978). A Christian, a member of the Christian faith, believes in the death and resurrection of Jesus Christ (the Son), in salvation by belief in Jesus and in life after death (Pearlman, 1937). Pearlman adds that God is understood by the Christian as triune in nature the Godhead

being comprised of Father, Son and Holy Spirit. Expressions of Christianity range from

fundamentalism, which accepts the Bible as the literal 'Word of God', and is known for its

exclusivity; to liberalism, which acknowledges a deity but may not believe in the literal

resurrection and therefore takes a more interpretive stance to the Bible (Powell, Gladson &

Meyer, 1991).

God –concept

God-concept is a general term incorporating all conceptualisations of the

understanding of 'the divinity' (Meissner, 2009).

God-representation

The term God-representation refers specifically to the inner psychic representation

formed in an individual's mind which reflects their understanding of God (Rizzuto, 1979).