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# SLOUCHING TOWARD INTEGRATION: PSYCHOANALYSIS AND RELIGION IN DIALOGUE

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This article traces the changing relationship between psychoanalysis and religion by paralleling it with the author's own journey of faith and psychology. Contemporary psychoanalytic models (e.g. relational) have evolved, making psychoanalysis more accessible to psychotherapists as well as allowing more meaningful integration with religion. As Relational models have gained prominence, however, some of the gems from earlier models of analysis are in danger of being lost. A case is presented to demonstrate the challenge of not throwing out the "baby with the bathwater" as well as some of the particular difficulties religious therapists may have working with patients.

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## *Prologue to Special Issue*

This special volume of *JPT* is dedicated to the memory of Randall Lehmann Sorenson, Professor of Psychology at Rosemead School of Psychology, Training and Supervising analyst at the Institute of Contemporary Psychoanalysis in Los Angeles, and private practitioner in Pasadena, California. Randy died suddenly in 2005, well before his time. His intellectual brilliance, deep Christian commitment, and warm welcoming spirit live on in his family and in the many students and colleagues that he touched. His influence is acutely present in the articles contained in this volume.

Randy was a leading thinker and writer in the integration of psychology and religion. He modeled the best of the Boulder model by publishing research that was both theoretical and empirical. His book *Minding Spirituality* (2004) was a tour de force in the conversation between psychoanalysis and religion and was critically acclaimed by both religious

and secular clinicians. This volume focuses on one of Randy's greatest intellectual loves—the integration of Christian faith and psychoanalysis.

In spite of all his accomplishments, perhaps what people most remember about Randy was what it was like to be in his presence. When I think of how Randy interacted with people I am reminded of a quote from the psychoanalyst Hans Loewald in his famous paper, "On the Therapeutic Action of Psychoanalysis." Loewald compares the analytic relationship to a parent child relationship.

The parent ideally is in an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating this vision to the child in his dealing with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being that the child presents to the parent. This "more" that the parent sees and knows, he mediates to the child so that the child in identification with it can grow. The child, by internalizing aspects of the parent, also internalizes the parent's image of the child – an image that is mediated to the child in a thousand different ways of being handled, bodily and emotionally. (1980, p. 229)

Randy had a unique way of envisioning what and who the other might become and communicating that in a myriad of ways. This was never coercive but a welcoming "transitional space" in which one could try on the vision and keep what fit and discard what didn't. We will all miss Randy's vision for others, vision for psychology and religion, and his commitment to Christ and the church. To borrow from Loewald (1980) again, Randy will live on as an ancestor to all who have interest in integration.

## *Introduction*

There may be readers who would not read an article like this one simply because the word *psychoanalysis* is in the title. They may preemptively decide that psychoanalysis is a dead school of thought that

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has essentially been abandoned. (In fact, if your source on what is happening in psychotherapy is undergraduate textbooks you would be justified in arriving at these conclusions). These skeptics may allow that some therapists utilize certain analytic concepts like transference and countertransference, but still believe that on the whole psychoanalysis has died a slow and painful death. They may further believe that the reason it has died is because it is unscientific, based on a faulty anthropology, and is impractical at best and just plain silly at worst. But if one looks closely there is evidence that psychoanalysis is very much alive and well.

Mitchell and Black (1995) have pointed out four myths surrounding psychoanalysis that have led to confusion and misleading understandings. Myth #1 is that "Psychoanalysis is largely the work of one man" (p. xvi). Current clinicians may believe that psychoanalysis died out with Freud himself, but Mitchell and Black outline at least five *distinct* and *current* schools of psychoanalysis since Freud (there probably are more). Some of these newer schools have only been around (in their complete form) in the last ten or fifteen years. Today there are even short-term models of psychoanalytic psychotherapy (see Mangis this volume).

Myth #2 is "Contemporary psychoanalysis, in both theory and clinical practice, is virtually the same as it was in Freud's day" (Mitchell & Black, 1995, p. xvii). Obviously each unique school of thought has emerged because of differences in both theory and technique from Freud. Some of these changes are the very things that have allowed psychoanalysis and religion to integrate in more profitable ways. They have also made the practice of psychoanalytic psychotherapy less rigid, making it more attractive to psychotherapists not practicing classic psychoanalysis.

Myth #3 is "Psychoanalysis has gone out of fashion" (Mitchell & Black, 1995, p. xviii). Mitchell and Black concede that in part this is true especially when it comes to the classic formulation of psychoanalysis, but they point out that contemporary forms of analysis including object relations and self psychology are very influential both in contemporary social work and much of the psychotherapy practiced today. Psychoanalysis has also had a profound impact outside the therapy room. Psychoanalytic theories have made important contributions to child and adult development (e.g., Erikson, Mahler), as well as the attachment literature (e.g., Bowlby). Psychoanalysis has secured a profound place in the area

of literary criticism (e.g., Lacan, Winnicott). And finally, psychoanalytic concepts such as slips of the tongue, dream interpretation, etc, have become so much a part of the zeitgeist of modern life that Mitchell and Black suggest that in some ways we are all Freudians!

Myth #4 is that "Psychoanalysis is an esoteric cult requiring both conversion and years of study" (Mitchell & Black, 1995, p. xx). Although there are many accredited psychoanalytic institutions around the world that offer lengthy training in order to be certified as a psychoanalyst (e.g., attending 4 years of courses, seeing a number of control cases multiple times per week, obtaining supervision on these cases from a senior analyst, and doing one's own personal analysis), many of these institutions have opened their doors to degrees ranging from psychologists and social workers to marriage and family therapists. Shorter term training programs are also being offered at these institutions (i.e., training in psychoanalytic psychotherapy) and user friendly texts are being published which present *psychoanalytic psychotherapy* in accessible formats (see especially the work of Nancy McWilliams, 1994, 1999, 2004).

If these myths were true we would indeed be at the funeral of psychoanalysis if not at the deathbed. But what would happen if the skeptic set aside his/her preconceived notions for a moment—what then? I would challenge the skeptical reader to attempt to bracket their preconceived notions as they read this article (and all contained within this special issue). One can never quite predict what one may find when one is open to the new. On the other hand, one is sure to know what one will find when one is not. In a wonderful introduction to his book *The Primitive Edge of Experience* (1989) Psychoanalyst Thomas Ogden writes:

A reader, like an analysand, dares to experience the disturbing feeling of not knowing each time he begins reading a new piece of writing. We regularly create the soothing illusion for ourselves that we have nothing to lose from the experience of reading, and that we can only gain from it. This rationalization is superficial salve for the wound that we are about to open in the process of our effort to learn. In attempting to learn, we subject ourselves to the tension of dissolving the connections between ideas that we have thus far relied upon in a particular way: What we think we know helps us identify who we are (or more accurately, who we think we are).

In the present article I attempt to draw a parallel between the changing relationship of psychoanalysis and religion and my own personal journey. If theory development is in one sense autobiography (Atwood

& Stolorow, 1993) then the theories we select to work from are also autobiographical in nature. For this reason I must risk contextualizing myself in this endeavor.

### *From Religion to Psychoanalysis and Back*

I was raised in a small (about a million members) conservative evangelical denomination in the United States. Although this denomination is not fundamentalist in their theology most of the local churches are not highly sophisticated theologically and might appear fundamentalist to an outsider. This denomination was greatly influenced by the American Holiness Movement which emphasized holy living as the proof of one's salvation and sanctification. Much teaching, preaching, and writing were dedicated to obtaining both personal salvation and sanctification (usually seen as two separate "blessings"—sanctification as a "second work of grace"), behavioral guidelines for personal behavior to obtain eternal reward, and warnings against the loss of salvation and eternal damnation (it was believed that one could fall from grace after obtaining salvation). Years later when I read Freud's paper, "Obsessive Actions and Religious Practices" (2001) it made complete sense to me how Freud could draw a parallel between the obsessive rituals of the neurotic and the religious practices of the devout. As a child constantly fearful of eternal damnation, I myself had developed a kind of ritualized prayer language as a form of protection.

As I matured both cognitively and chronologically (not always the same thing) I found myself in a Christian college (of the same denomination) studying psychology. Slowly my theological constructs and God images began to stretch (although the most significant growth was to take place later). It appeared that it was possible (I didn't conceptualize it this way at the time) that one's God image didn't have to be abandoned with growing maturity but that it could actually mature and transform (A. Sorenson, 1990). Even so, during this time I continued to understand religion and spirituality through a kind of wholly transcended supernatural theism (Borg, 2003) that basically kept me a religious dualist (i.e., nature vs. grace, soul vs. body). I don't think I really believed that religion and psychology were two distinct things but I didn't have a model for bringing them together in a satisfactory manner.

When I first arrived at graduate school in the quest for a Ph.D. in clinical psychology I was two

years out of college and fresh out of a stint in youth ministry. At the time I was a dyed in the wool Rational Emotive Behavior Therapy (REBT) therapist - or so I thought. I can now see that my attraction to REBT was related to the clarity and concreteness that REBT seemed to promise in human dilemmas. I had spent two years in ministry praying that the teenagers in my group (and their parents) would learn to dismiss their irrational cognitions and think more rationally (i.e., like me!). I can further see that my attraction to REBT was also related to moving into my second year of marriage and discovering that not much about marriage was either concrete or clear (although I desperately wished it was!).

Thankfully the first therapeutic theory that I learned in graduate school was not REBT but the Client Centered therapy of Carl Rogers (1961). The first client I was assigned to work with was perfectly suited for this form of therapy. He was bright, verbal, and aware of his feelings. I barely had to do anything! And although in class I and my fellow student colleagues had great fun picking apart Rogerian theory, I learned a great deal from it. Practicing from a Client Centered perspective taught me the importance of affect, the therapeutic relationship, and how to *just sit* with a patient. (The latter is a skill that I believe is terribly overlooked in present day training fueled by HMO reimbursement practices.)

I believe it was the power of affect to influence perceptions, thoughts, and behaviors that nudged me into a very "humanistic" space. I became more and more fascinated by the power of the human mind and less and less interested in the power of and the effect that God supposedly had on our lives. Although I was surrounded by Christians both in my personal and professional life I entered (or further entered) a long phase in which I experienced religion and spirituality as fairly separate from my psychology. In some sense I espoused a kind of *Levels of Explanation View* (Myers, 2000) or *Parallels model* (Carter & Narramore, 1979) in which both disciplines are considered valid but are conceptualized as having their own distinct domains and methodologies and essentially don't overlap in any meaningful way.

Shortly after being exposed to Rogers I was paired with supervisors who gravitated toward the psychoanalysis of object relations and self psychology. Here I was introduced to the theories of Margaret Mahler (separation/individuation), Melanie Klein (internal objects, paranoid-schizoid and

depressive positions), John Bowlby (attachment theory), D. W. Winnicott (true and false selves), Christopher Bollas (the unthought known) and Heinz Kohut (self-objects). These thinkers uncovered for me the power of early childhood experiences and the ongoing impact they had to influence perceptions, affects, thoughts, and behavior. I was also exposed to clinical theoreticians like Fred Pine (1998) and Lawrence Hedges (1983) who suggested ways to listen to and intervene with specific clients based on intrapsychic development and dynamics.

More and more I was awestruck by the internal workings of the psyche. Soon I began to read even more contemporary psychoanalysts like Robert Stolorow and his colleagues (Stolorow & Atwood, 1992; Stolorow, Atwood, & Brandchaft, 1994; Stolorow, Atwood, & Orange, 2002; Stolorow, Brandchaft, & Atwood, 1987; Orange, Atwood, Stolorow, 1997) who developed an Intersubjective theory of psychoanalysis which overtly incorporated contemporary philosophical movements in constructivism, postmodernism, and hermeneutics. I didn't honestly have a broad enough background (either in philosophy or psychoanalysis) to fully comprehend their critique of earlier schools of analysis but I felt an affinity with this model. Intersubjectivity emphasized the centrality of subjectivity over and against the objectivity of modernity. Phenomenology was crucial to Stolorow's work. Intersubjectivity emphasized the uniqueness of any two (or more) subjective interactions. Personality was not developed along specific universal developmental stages but was idiosyncratically formed via the intersubjective fields (two or more subjectivities coming together) children experienced primarily with their caregivers. Intersubjectivity not only fit better with contemporary models from other disciplines (e.g., philosophy), but it emphasized the genuine contribution that the therapist made to any therapeutic endeavor. Therapists are not passive, objective, professionals that like the good scientist/physician gathered data/symptoms and then presented a prescription. Rather therapists are co-constructors of the therapeutic dialogue. Therapists are intimately and inextricably involved in the therapeutic endeavor—including but not limited to diagnosis, acting out/in, historical reconstruction, transference and countertransference (what Donna Orange (1995) prefers to call co-transference). Each person, therapist and patient, bring their unique subjectivities to the task but a very unique field is set up when these two come together.

These contemporary analytic models seemed to me to offer a better account of human behavior than what I heard for years in church (e.g., we act the way we do because we are sinful.). Here was theory you could work with, get your hands around, and actually do something with. Change agents such as spiritual disciplines (e.g., prayer, bible study, etc.) seemed ethereal compared to change via the therapeutic relationship which was guided by complex theory and technique. If Jesus got his hands dirty when he ministered to individuals, therapists got their hands dirty as well. Furthermore, psychoanalysis was attractive to me in that as other schools of therapy appeared to offer *symptom reduction*, analysis seemed to offer *character change*. As a Christian, I was interested not just in how one stops sinning, but how one become a person whose very character is love.

It probably wasn't until I completed my Ph.D. (sadly) and began my first teaching assignment that things began to coalesce facilitating an (re)integration (in a wholistic way) between my psychology and my theology. First, I began to read and understand the theological foundations of my denomination (Wesleyan). In spite of all I had been taught (which appeared to focus on surface/behavioral issues) I found a kind of distinctly *Christian humanism* (Stone, 2001) in the work of John Wesley and an anthropology that not only affirmed a nascent sense of "original goodness" (i.e., that humans still image God even after the fall) but that had deep resonance with psychoanalysis (see, Strawn & Brown, 2004; Leffel, 2004; Maddox, 2004; Strawn, 2004). Early Wesleyan anthropology posited an affectional moral psychology (Maddox, 2004) which took the early development of affect, its motivational ability, and relational means of transformation seriously. I also discovered an immanent cosmology (Lodahl, 1997) suggesting God's ongoing grace at work in the very structure of creation. This was a kind of an *embodied* spirituality (Clapp, 2004) in which God was at work in the very fabric of humanness (Leffel, 2004). Psychoanalytic concepts (processes) such as transference, grief, and internalization were not *human* things separate from the spiritual but were in *fact* spiritual, placed in the heart of the person, by God, which if utilized (through analysis or spiritual disciplines which accessed them) could bring about psychological-spiritual transformation. (It was actually psychoanalysis that helped me to understand how spiritual disciplines when used well could actually bring about change in a person.) Psychoanalytic psychotherapy

became for me a therapeutic model of spiritual growth and sanctification (Strawn & Leffel, 2001).

This theological journey and immanent cosmology was further supported by my reading in *non-reductive physicalism* with its eschewing of dualism and its emphasis on the unity of the person. This work which I first discovered in the book *Whatever Happened to the Soul* (Brown, Murphy, & Malony, 1998) found deep resonance with the psychoanalytic Intersubjectivity of Stolorow et al. (Strawn & Brown, 2004). Humans are not made up of material on the one hand (e.g. body and brain) and an immaterial - immortal soul on the other (a form of dualism which separates the spiritual from the physical). Rather *non-reductive physicalism* purports a monistic perspective in which humans are *whole-embedded-persons-in-the-world* (embedded in their bodies, environment, and culture—including their interpersonal relationships). Spirituality from this perspective can be understood as a relational embodied emergent phenomenon arising out of the God givenness of what it means to be a person. Here was a spirituality that I could integrate with my psychology.

### *Changes in Psychoanalysis*

The final element that promoted my integrative journey has already been alluded to above but now requires fleshing out. That is the change in psychoanalytic theory itself. Freudian theory was, as all theory, a product of its time. Freud's was a modern, logical positivist driven, reductionistic attempt to understand behavior. With this as the backdrop, it is easy to understand why there would be no room for religion in his system. He believed that essentially religious belief was a kind of cultural oedipal neurosis, a developmental *illusion*, which protected humans from their fear of fate (1927). He reasoned this backwards from his study of individuals and what he believed was a central universal ambivalent relationship all children had with their fathers. Healthy individuals moved out of their need for the father and woke up to the "hard education in reality" (p. 63) that one is essentially on one's own and responsible for oneself. He believed that this *illusion* (cultural oedipal conflict) of a protective heavenly father would be outgrown as a culture and would eventually be replaced by the logic and rationale of science. Interestingly enough, Freud himself said quite clearly that no true believer was in any danger from his argument (p. 59) and that others after him might use psychoanalysis to prove the importance of religion (p. 47).

Underlying this illusion/oedipal argument was Freud's understanding of religion in relationship to what he believed were the two central drives of motivation of all persons: sex and aggression. All behavior, including religious behavior, and personality characteristics could be understood as related to these drives. For Freud all behavior was in a sense a defense against and/or a gratification of the drives. Religion offered a socially sanctioned way to repress the drives (these internalized social inhibitions he believed constituted the superego) but it also offered society a kind of compensation for renouncing the drives (i.e., divine protection in this life and eternal reward in the afterlife).

It was James Jones (1991; 1996) who first offered me a different perspective on psychoanalysis and religion. Jones brought together the work post-Freudians (object relations and self psychology) had done to demonstrate how newer models of relationships opened up more fruitful non-pathological models of religion in psychoanalysis. Object relation and self-psychology models posited that the central drive of human behavior was relationship. Relationships were what humans were wired for (Mitchell, 1988) not just because they satisfied drives. For these thinkers "personality is shaped by the internalization of relational experiences" (Jones, 1996, p. 35). "Within this interpersonal framework religion is understood as originating not from the need to ward off the return of the repressed or to gratify infantile wishes but from the necessity for every cohesive and energetic self to exist in a matrix of relationships" (p. 41). Or as Harry Guntrip (1994) would put it,

The finding of present day "object relations theory" is that personal integration is a function of growth in the medium of loving personal relationships. Since religion is pre-eminently an experience of personal relationship, which extends the "person" interpretation of experience to the nth degree, to embrace both man and his universe in one meaningful whole, the integrating nature of fully developed personal relationship experience, is our most solid clue to the nature of religious experience ... I see them both as closely related manifestations of the basic development-process of human living, which is a process of personal-relating at every stage ... as I see it, human love and religious experience are two levels of this same basic phenomenon. (pp. 273-274)

More recently, Sorenson (2004) has done an excellent job of succinctly summarizing the changes in psychoanalysis that allow for a more fruitful, non-pathological, integration between religion and psychoanalysis. He suggested that three changes have made this possible; change in the concept of illusion, narrative theory, and constructivism.

Whereas for Freud illusion was a defensive movement away from reality, for thinkers like Winnicott it was a developmental process that increased a child's capacity to move toward reality (Sorenson, 2004, p. 44). This developmental capacity moves from a child's teddy bear to all of culture (e.g., art and creativity) including religious feeling and experience. Saying something is an illusion is not to make a truth statement about it. Rather it is to recognize one's ability to bestow an object or experience with meaning. That is to both *find* an object and to *create* it. "What is not in the bones of contemporary psychoanalysts is a necessary antipathy between the capacity for illusion and emotional maturity" (p. 47).

Sorenson (2004) also suggested that narrative theory had a positive impact on the dialogue between psychoanalysis and religion. Freud appeared interested in a kind of positivistic historical truth whereas contemporary psychoanalysis is interested in "a hermeneutical construction of narrative truth" (p. 49). Human persons are story tellers and story bearers and psychoanalysis is about hearing these stories and helping to reorder those that are in need of repair. A narrative approach understands persons to be always deeply embedded within numerous contexts which blurs the capacity for a clear objectivity. Therapists therefore become less interested in the facts of what really happened to a patient and more interested in the meaning of an experience. Theologians have been applying this hermeneutical approach to biblical texts for years.

The third and related point raised by Sorenson (2004) is constructivism. Psychoanalysis has moved from a one person psychology (i.e., locating everything of importance intrapsychically) to a two person or N-person psychology (i.e., a systems psychology). In essence constructivism suggests that all of experience is constructed to some extent. Again, as Winnicott (1971) would put it, it is given and made. Sorenson therefore says, "it is easier to describe what this new, evolving two-person perspective is not: not hierarchical, not positivistic, not authoritarian" (p. 53). Moving toward a social constructivism approach suggests that what the therapist knows is always a function of his or her perspective. And as Stolorow et al. (1994) would put it, reality then becomes a co-constructed experience between the two intersecting subjectivities of the patient and the analyst. This makes disconfirmation of belief (e.g., religious beliefs) difficult if not impossible. Of course this can trouble many in both the religious

camp and the psychoanalytic. How can we truly say that something is pathogenic or normative? Or how can we say that something is "True" in a religious sense? But Sorenson (2004) says we don't have to collapse into "epistemological nihilism" (p. 57). He quotes Stern (1993) to this effect.

As constructivist psychoanalysts we remain passionate in our search for what is true, and we have the strongest feelings that one thing is more true than another. Giving choice and conviction their due in the process of thought is not at all the same thing as saying that we can conclude anything we please and still claim to be carrying out our work responsibly. We still have to choose the point of view that works the best, that is most complete and satisfying in its account of the phenomena in question. We certainly do not have to accept that reality itself has no structure apart from that which we impose upon it. (p. 333).

Sorenson's (2004) point is *not* that these changes in psychoanalytic epistemology substantiate religion nor that they rule out the need for analysts to analyze the religious material of their patients. But because "constructivism means that there is more knowing than knowing will ever know...then there also is more to faith than can ever be explicitly specified" (p. 57). He hopes that these changes will encourage psychoanalysts to approach the religious beliefs of their patients in non-reductive ways. In summarizing Stanley Leavy's argument, Sorenson states, "... the experience of the believer, although it never goes beyond the domain of appropriate psychological analysis, does go beyond the purview of psychological reductionism" (p. 61).

### *Psychoanalytic Training*

After several years of teaching and wrestling with these issues I was encouraged by Randall Lehman Sorenson to consider further analytic training. The institute closest to my home at the time, the San Diego Psychoanalytic Society and Institute offered a four-year psychoanalysis program and a two-year psychoanalytic psychotherapy program. I opted for the two-year program which included two years of course work, two control-cases (seen twice weekly), a year of personal twice weekly therapy (with an approved therapist), and weekly supervision (with two separate faculty members) on the cases. In some sense the Society was a heterogeneous group but the dominant flavor was definitely ego psychology and a more flexible structural psychoanalysis. (By this I mean ascribing to Freudian structures of id, ego, and superego, but making room for object relations.) The big

theorists that got a lot of attention and reading were people like Freud himself, Otto Kernberg, Paul Grey, Charles Brenner, and Fred Busch. Defense analysis was an important part of the training. Some object relations theorists got limited play especially if they were hybrid thinkers like Hans Loewald. When and if Relational or Intersubjectivists got mentioned it was often in a derogatory manner. But it was here that I obtained a much better sense of the history of psychoanalysis. Before attending the institute I didn't fully grasp the *relational* critiques of drive theory. I walked away with a much better understanding of all theories and the politics and polemics which lead to bifurcation and disintegration of theory. I gained a much greater respect for the ongoing application of Freudian theory (including a contemporary understanding of oedipal neurosis), biological drives, defense mechanisms and defense analysis. I began to wonder if theory selection didn't have to be an "either-or" situation (despite what most theoreticians said) but a "both-and" conclusion. I attempted to become a theoretical integrator rather than a splitter.

As I have anecdotally observed a growing interest in psychoanalysis among Christian clinicians, I believe I have detected a fairly unilateral move toward relational models. This is in no way a negative thing. As documented above, *relational* models offer a non-reductionistic approach which makes room for religion to be considered a real and viable (and even essential) aspect of human experience. What troubles me is the way in which these thinkers may be tempted to throw out the baby with the bathwater. For some of these Christian thinkers the driving force behind human behavior—relationships—tends to eliminate or obscure all other explanations, and the interpersonal approach of relational theory may eschew the intrapsychic entirely. In a strange reverse twist it is as if the psychology becomes less embedded as the biology (i.e., the body) of the person is neglected.

Most Christian psychoanalytically oriented writers I have read appear hesitant to attend to sex and aggression or view them only as responses to impingements or deprivation rather than as primary in and of themselves (a la' Kohut). I sometimes wonder if a new kind of *Rogierian Christian psychoanalysis* is developing in which all that we need to conceptualize human persons are interpersonal interactions. (Although not Christian, my reading of Stolorow and his colleagues suggest that they are not

very far from this perspective.) I would suggest that if our psychology becomes disembodied and ignores the intrapsychic (e.g., internalizations of objects) we are no longer talking about psychoanalysis.

My real suspicion is not that the problem is rooted in relational psychoanalytic models. I understand leading relational theorists such as Lewis Aron (1996) and Jessica Benjamin (1995) to believe in intrapsychic conflict and defenses (even around biological givens). Rather I suspect that the real culprit is Christianity's long complex and conflicted history with the body (Clapp, 2004). Of course there is a history to this problem. The New Testament is rife with warnings against Gnostic and Docetic heresies where the body is degraded and the "spirit" is upheld. This might psychologically be understood as a way to escape the "unbearable embeddedness of being" (Stolorow, 1992). Or on a more microcosmic level the psychoanalytic clinician in me is tempted to hypothesize that this movement away from the body is actually a defense against Christian writers'/therapists' own discomfort with their repressed sexual and aggressive longings. But this is too easy to do so I won't!

I now present a case study in an attempt to demonstrate an integrative view of psychoanalysis that gives acknowledgment to both drives and relationships. I also attempt to show some of the special issues that might face a religious therapist working with a religious patient.

### *Case Study*

Rachel was a patient I worked with over the course of approximately 8 years. There were really three therapies during these eight years as she would come to therapy for a period of time, make some progress, and then stop, always knowing that she was free to return if she wished. During much of the third and longest period of therapy Rachel came two times per week.

Rachel came to therapy primarily due to interpersonal difficulties. She longed for relationships and although she had many acquaintances and seemed well liked she was terribly fearful of being known and rejected and subsequently had become a first class escape artist. One of her unconscious interpersonal defense mechanisms was to attract needy friends (and men) with whom she could play the caregiver role but this eventually proved unsatisfying. She would also feel unbalanced and vulnerable when others attempted to give to her.

Rachel grew up the second oldest daughter of four siblings (three daughters and a youngest son) in the home of a conservative pastor father and a very anxious and ineffectual mother. Rachel's mother was chronically overweight, always dieting, preoccupied, and anxious. Quickly Rachel was picked out as the "gifted child" (Miller, 1981) whose job it was to serve as confidante and emotional supporter to both her mother and father. In addition, she quickly became a surrogate mother to her two younger siblings. Rachel experienced her older sister as gorgeous and the life of the party. When Rachel would have friends over to play she often had to compete with her oldest sister for their attention.

As a young child she was very frightened of the "hell and brimstone" preaching she heard from her father's pulpit and was terrified of being sent to eternal damnation. When she was very young she used to physically rock as a self-soothing mechanism. Instead of being concerned about this behavior, when Rachel's father would see her rocking he would jokingly say, "You are rocking for Jesus right Rachel?" This was one of the numerous misattunements common in Rachel's family.

Relationally my patient was forced to develop a caregiving personality style and a kind of pseudomaturity. She was intellectually gifted and very responsible. She had extremely high standards for herself—from her physical appearance to her academic and professional pursuits. As mentioned above, she longed for meaningful relationships but was terrified that she would be found wanting by others if they really knew her. She was also plagued by random anxieties related to attack or loss of her life. She was certain that others would and could randomly leave her at anytime. In part, due to her religious upbringing, Rachel was terrified of her "womanliness" and her sexual and aggressive feelings.

From a relational psychoanalytic perspective it is not hard to imagine the transference Rachel exhibited in therapy. She both wanted to be cared for by me and simultaneously was terrified that if she gave into this longing I would ultimately reject and leave her because I would see how inadequate she really was. This aspect of the transference was easy on me. All I had to do was to consistently be present for Rachel, interpret her attempts to "keep me interested in her" and to interpret her defenses against her longing for care. This was easy in large part because Rachel was such a kind and generous person. Despite her fear that she was a boring client I found her delightful to

be with and found her deeply interesting and attractive. She was highly verbal and after a period of time she was able to both experience and express affect in the sessions. Slowly over time, as she felt safe enough with me, she was able to talk about the here and now transference between us. This part of our work began to generalize to other relationships outside therapy. She began to imagine herself as likeable to others and began to form meaningful relationships with people from several spheres of her life.

I believe, however, that if the treatment had stopped here we would have been leaving out some important issues. The issues of sex and aggression needed their time on center stage. Rachel's naturally competitive strivings and aggressive energies which could be used in the service of self-preservation had been thwarted by her conservative religious upbringing. She not only felt like it was *not* ok to be angry and aggressive (or competitive) but she didn't know how. If I had eschewed aggression as an essential aspect of what it means to be human (one of the aspects not the only or even the most important) and treated it solely as a response to deprivation I would have possibly ignored this component of the treatment. Rather this aspect took prominence in two areas.

First, Rachel had a close friend (she experienced her as her older sister) who appeared to ride roughshod over her. Rachel felt her friend was superior to her and would defend against her angry and competitive feelings by dismissing her friend as simply different from herself. We did analyze her reactions and interactions with her friend as sister transference and could have again stopped at a sort of pure relational interpretation. However, I went a step further interpreting to her that in some ways she defended against her own aggressive feelings and even her sexuality by playing "second fiddle" to her friend. We explored how competition and envy weren't all bad. She could learn from how her friend flirted successfully with men and the confidence she exuded. But when Rachel took the "one down position" to her friend she defended against her own sexual longings (conflicted from years of negative messages). She also defended against her own angry and aggressive feelings toward both her friend and her older sister (not to mention all the other people who had hurt her).

Two new scenarios emerged from this line of interpretation. First Rachel started to become angry with me. I was no longer only the "good parent" that she had so longed for and now found in therapy. She



experienced me as “pushing her to be angry.” I was also pushing her to have an opinion and she was desperate to let everyone have an equal opinion. She never wanted to take a side—even her own! (This would have never been safe to do in her family.) So she began to practice being aggressive with me. Because I had already proven myself to be safe this was possible. The major form this took was Rachel disagreeing with me (my interpretations), challenging me (often on the boundaries of therapy), and even “fighting” with me (expressing strong affect when she thought I was wrong).

Second, Rachel then began to experiment with her emerging sexuality with me. Our relationship became eroticized at times. She flirted with me and I let her. She had dreams with sexual content and didn’t defend against them but reported them to me (She was also able to begin to report daydream “what if” fantasies about us). She talked about comparing me to the men she was meeting (or dating) outside of therapy. She let herself experience me experiencing her as an attractive woman and she started to believe this about herself.

Rachel started to carry herself with much more confidence. She joked one day about a guy who was trying to get close to her saying, “He knows that I am hot!” But she wasn’t just joking—she was serious. She started to take her own side in conversations with her friend. She started to feel as pretty and witty, etc. as her friend and even could compete for attention when they would go out together. She more and more became anchored in her own “womanliness.”

In summary, I believe that this therapy could have ended at a relational only sort of work (probably really a perversion of good relational analytic work) in which I simply became the good holding parent for Rachel. She would internalize a positive loving object and feel much better about herself. This is what I called above a kind of *Christian Rogerian Psychoanalysis*. This was indeed an important and essential aspect of our work, but we also needed to grapple with what is sometimes the harder part of what it means to be human, real needs/motivations/drives around sex and aggression. We also worked around other issues for example separation/individuation, attachment, etc. But it is my contention that even these are easier for both therapist and patient than sex and aggression.

To do this kind of work I had to be able to listen for, interpret, and tolerate Rachel being angry with me. (I am often interested in therapists who say their

patients never get angry with them. I think this is a good example of a transference/co-transference enactment around a collusion to defend against anger.) I was pushing her to experience something unpleasant (isn’t this much of what therapists do?) and so from a relational perspective she had a real reason to be angry at me (a two-person psychology where I didn’t place this anger solely in her intrapsychically). But she also *did* have intrapsychic aggression that had never been allowed expression and therefore she was frightened of it and had to defend against it and couldn’t use it in the service of her own self. Of course why she was frightened and had to defend could be understood relationally (and we did explore this) but we may never have gotten there if I didn’t recognize anger and aggression as an essential aspect of what it means to be human.

I also had to be able to tolerate Rachel’s sexual longings entering the room (at the very least to look like I was tolerating it!). There are a number of reasons why this is difficult for present day therapists. One of course is countertransference. This may be the therapist’s own issues around sexuality or it may be that they are afraid they will become aroused and act out with the patient (both strong arguments for therapists to do their own ongoing personal analysis). A second difficulty for present day therapists to deal with sexuality is that they get so much warning regarding legal and ethical issues that many of them believe it is just safer to stay away from any sexual content lest it be misconstrued by the patient and end up as a complaint to the licensing board. This may be safer for us but perhaps not curative for our patients. (By the way, gender matching of therapist and patient does not eliminate this problem.) Sometimes we may also feel guilty interpreting sexual longing in the transference. We may feel like we make the patient acknowledge the longing but then sit back and say there is nothing we can do about it. Of course this is not entirely true. One day when my patient was complaining that our love for one another was limited I commented that I didn’t think our love was limited but that our expression of that love was limited. (She was very satisfied with this comment.) I also explored with her how she was using me in some ways as a *test case* to figure out what she really wanted from a man and that she would use this information outside of therapy. After working through the developmental and transference components of her attraction toward me she eventually arrived at a very “realistic” picture of me. (Often this

is very painful for therapists—as we can enjoy the idealization that takes place.) There were many things about me that she loved and wanted in a man but there were other things that she rightfully suspected she would not want in a relationship!

The final issue I want to highlight using this case is what happens when our religious patients are not destined to be religious in the ways we want them to be (or that we ourselves are). Rachel had been so traumatized by her religious experience that it was painful for her to set foot in a church (and she tried a number of them during our work). She was studying eastern medicine and rather than a God concept she was more attracted to a kind of non-personal energy in the universe she named as some kind of “love force.” As much as I tried to interpret the connections between her painful upbringing, internal object representations, and her inability to really conceive of a loving personal God she continued to be opposed to even re-traditioning her Christianity in any way that approximated orthodoxy. Because of my own countertransference I wanted Rachel to make the same journey I had back to a God and a faith system that was welcoming and accepting, non-dualistic and embodied. I hoped she could find a tradition that could be tolerant and even pluralistic in some important ways. I wanted this and even though she seemed to want it at times she just couldn’t get there from where she had come from. Finally, near the end of our therapy we had a dialogue that went something like this.

Rachel: *As I have said before I just can't believe in a personal God that is involved in our daily lives. There are just too many unanswered questions and too many inconsistencies in what I see in the world and the God that my parents told me about. You (meaning me) represent a different kind of Christian to me but I don't think I can still believe what you believe. I am much more comfortable just believing that there is a kind of loving energy in the universe.*

Brad: *Do you think there is something or someone, that is something personal behind this loving energy force?*

Rachel: (She stopped and thought for a bit and then smiled) *Yes I think I do. This makes me cry and very happy at the same time. I feel like this is really important for me. I don't know what it all means but I think it is a start of something.*

I believe this simple and brief interaction could have only come after years of working together. I do acknowledge that there are probably as many ways

to interpret this interaction as there are people who might read it. But what it illustrates for me is a moment in time when my patient was able to conceive not just of a vague “life force” in the universe, a kind of energy that perhaps we all come from and will all return to, but a personal someone (something) out there who was cognizant of her and cared about her. This was not a saving knowledge of Jesus Christ and had nothing to do with orthodoxy and the Apostles’ Creed, but for me it was perhaps our finest integrative moment.

### Conclusion

I have tried to compare the changing relationship of psychoanalysis and religion to my own faith journey with psychology from a kind of disconnect—to compatible but separate—to finally an integrative return. I have also tried to show that even though the more contemporary schools of analytic thought have opened new vistas in the conversation with religion, clinicians that are drawn to them may be tempted to polarize the new from the old and throw out some of the wheat with the chaff. I have suggested reasons why this might be taking place. And finally, I have attempted to suggest that working with religious patients may mean ending therapy in a place that is more uncomfortable for the “orthodox” therapist than it is for the religiously oriented patient.

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