Your Cult or Mine?

Psychiatry, psychoanalysis, and Christianity

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Vignette I

I shift uncomfortably on the couch; the silence is lengthening. I peer at the white ceiling I know so well – Victorian cornicing, a paper IKEA lampshade, spokes fanning out like the corona of a virus. I count them to distract myself, but the silence is pressing now, becoming charged like air before a storm. My psychoanalytic psychotherapist – who I will call 'S' – waits. I feel a little sick. Who would have thought *say what comes to mind* would be such a tall order. This must be how my clinic patients feel sometimes, I think, and they only see me once every few months, not four times a week. Less containing, as Bion might say … I catch myself. I'm defensively slipping into 'psychiatry trainee' mode, rather than allowing myself to be the patient, and intellectualising rather than free associating. *Don't be a coward*, I think, *just tell her*. I berate myself for suddenly feeling mute – resistance rising like seaweed from the depths of all my social and professional norms, and from somewhere deeper still; desires not to offend, a reluctance to bring this most valued piece of myself into the room. Perhaps I don't quite trust S with it all yet, even after a hundred sessions.

'I'm just scared, scared of … of…' more silence.

‘Mmhm?’, curious and insistent. Perhaps she’s irritated with my hesitancy. A fear is rising, of being misunderstood, or criticised, or laughed at. I must just say it, and quickly:

‘…of becoming part of your psychoanalysis cult.’

The words were mine, but also not mine. They had a life of their own and had been swimming around in my head for months – those that had given birth to them float into my mind; two consultant psychiatrists, a senior registrar, a minister, a friend who is a Christian counsellor. They had all uttered words to this effect in tones of concern, scorn or an awkward amalgam of both. I hear S’s chair creak as she moves behind me, maybe she’s leaning forward, or sitting up straighter. There’s a pause. I feel small, exposed, like I’m standing outside the staff room of my Primary school, not sure what the response will be having knocked. Although I can’t see S’s face, I hear a smile in her voice as she says:

‘You’re scared of being taken over, by *my* religion.’

‘Yes’.

‘Perhaps you’re scared my creeds will push out yours, that maybe this therapy won’t be compatible with your Christian faith that you’ve told me is so important to you?’

‘Yes’, I say, quietly. ‘Exactly.’

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Introduction

As I can only write on this topic from my own subjectivity, I shall write about the tensions I feel exist between psychiatry, psychoanalysis and my Christian faith. I am sure that many of the points presented here may well also apply to those of other faiths and belief systems, but I shall address the one I am familiar with so as not to do a disservice to others. I will briefly examine the place and validity of 'cult' comparisons within all three fields and what function this particular way of thinking serves. I will illustrate these using short vignettes from my own experience, where I will anonymise colleagues as much as possible. Where a patient appears in case material, they are entirely fictional – although the key component of the religious aspect of their interactions with me will be based on an amalgamation of real patient interactions. I will then finish by looking at how these three fields could be better integrated, again using a short example from my own experience.

Psychoanalysis, psychiatry and Christianity: uneasy bedfellows

Sigmund Freud is widely regarded as the father of psychoanalysis – the field which would influence the development of all psychotherapy (either as an extension of – or as a reaction against – psychoanalytic ideas). However, he held a somewhat reductionist view of organised religion. For example, he states: *The defence against childish helplessness is what lends its characteristic features to the adult's reaction to the helplessness which he has to acknowledge - a reaction which is precisely the formation of religion.* (Freud 1973) In 'The Future of an Illusion' (1927) he somewhat scathingly refers to religion as a dogmatic departure from the reality principle: *Religion is a system of wishful illusions together with a*

disavowal of reality, such as we find nowhere else but in a state of blissful hallucinatory confusion. Religion's eleventh commandment is "Thou shalt not question."

Although he had a religious Jewish upbringing, he did not enter the fray of debates on the supernatural, keen to separate the 'new science' of psychoanalysis from the mysticism with which the general public was fascinated at the time, which included the occult as well as organised religions (Storr 2001). His close colleague C G Jung, however, went on to explore spirituality and its links to psychology, an approach that contributed to the famous split between Jung and his former mentor and friend. Thus, from its inception by its founder, psychoanalysis and religion made uneasy bedfellows.

The synthesis between Christianity and medicine has also been somewhat fraught. This was brough to the fore for me as a medical student. As I struggled with integrating my Christian theology with medical ethics, an article was published in our university newspaper stating that medical students and doctors who wished to conscientiously object to participating in medical procedures on religious grounds should, quite simply, choose a different career. The Kings Fund survey (West, Dawson, Kaur, 2015) found that discrimination on religious grounds was reported by NHS staff of all faiths, and the British Medical Association recently (somewhat mournfully) acknowledged that there is a noticeable absence of data on the religious faith of its membership, and therefore a lack of support made available for those exposed to religious discrimination (Wiley 2021).

And what of psychiatry? Vincent points out, in his excellent paper entitled *Christianity and Psychiatry: Rivals or Allies?* (1975), that the languages of Christian faith and psychiatry often function at cross purposes: *Both Christian clergymen and psychiatrists often lack a*

clear understanding of each other's aims, methods, and views. Vincent attributes this to a certain amount of suspicious resulting from each offering a different account of who man is and why he functions the way he does. He rightly points out the fallacy here – that there is only one way of describing a human being, and that they are mutually exclusive. As he humorously points out, a rotten egg is still a rotten egg whether it is 'diagnosed' as such by a farmer or by a biochemist. This brings to mind an illustration used by Professor of Mathematics at Oxford University, John Lennox. In a broader conversation about faith and science, he says: *Think of boiling water. Why is it boiling? Well, because heat is being conducted through the base of the kettle and agitating the molecules of water, and the water's boiling. That's one scientific explanation. But there's another kind of explanation, and that is the water is boiling because I'd like a cup of tea. Now, anybody, even children, I find, can see that both of those explanations are valid, that they don't conflict, that they don't compete, but they're complementary, and indeed they're both necessary.* (Lennox 2019)

Perhaps Christianity, psychiatry and psychoanalysis *all* provide similarly non-exclusive, even complimentary, views on the human psyche. The extract from a session below illustrates some of the difficulties, at a personal level for me as a patient and perhaps professionally for the therapist, of integrating faith into psychological work.

Vignette II

I sit, somewhat nervously, in front of the psychotherapist. It's the first time I've met her, and we're midway through our first session. There's a silence, she takes me in as I do likewise, in what I'll come to think of as our 'mutual noticing' of the other. I don't know how it will feel to be on the couch in later sessions – once we decide to start analytic therapy

proper three or four times a week, where I'll long to see the expressions play across her face, an anchor to tether me to reality rather than my own projections. Of course, that's the whole point of the therapy, the replay in the therapeutic relationship of all those aspects of my parental relationships that remain undercover and unresolved, wreaking havoc in my adult life.

But, for now, I study her middle-aged, weathered features. I can't tell much from her politely distant demeanour. I was five minutes early for the consultation, but she didn't buzz me up to her home-office until the second hand of my watch had ticked round and round and landed, five excruciating minutes later, on the hour. It left me feeling a little small, although I don't tell her this yet.

'So', she says, 'tell me about your work.'

We had a brief email conversation already about my recent change of career from surgical registrar to hopeful future psychotherapist or psychiatrist. I start to speak:

'Well, as I'd said I left surgery… I just didn't feel like me there, and I felt G…' I stop as the words feel 'stuck', choked suddenly.

She peers up through her gasses, curious. She waits. I was going to say, as I would with church friends or my husband, 'God called me to psychiatry.' I was suddenly acutely aware of the quality of Not Knowing in the room, I could almost taste it. I didn't know if she held a religious faith or not, let alone the same one I did. I look down, unable to meet her eyes. I'm

suddenly worried I'll sound hyper-religious. I wasn't aware this feeling would intensify a hundred-fold later in the conversation.

'…I felt… drawn to psychiatry.' I finish, lamely.

The nods, I feel trapped – disappointed for changing my story, frustrated at the lack of connection. Later, many other instances like this would cause me to rage at the imbalance of power in the relationship – the Not Knowing would feel like a bully, or she would. Then, later still, I would wonder at my own omission and sudden awkwardness, first internally then out loud to her. The fear of being misunderstood looms.

I try to change the topic. I chat about my high school job aspirations, and then about classmates, and – this is therapy after all – I should really mention a boy a spent a lot of time at school chasing after.

'We even went out together a few times, I bumped into him in town just last week, actually.' I pause again, my mind going back to the failed attempt to talk about my faith openly. I feel ashamed.

'Did you sleep with him?'

I snap my gaze up from the floor again: 'what?'

'Did you sleep with him?'

‘What, the guy? Back when I was at school you mean, or when I met him in town?’

‘Either.’

I stare at her, incredulous. She’s still placid, like a calm sea. But the question feels invasive. I feel indignant, but also a little panicked. The same fear of being misunderstood, labelled a religious ‘fanatic’ wells up. *Not this time*, I think. I push through the resistance:

‘Eh, no. I’m married, but also, because of our Christian faith, we…it’s an important thing for us, we’ve never slept with anyone apart from each other, and that was after we were married. I’m not saying everybody does this, but for us it’s an important way we honoured God. We didn’t even live together before we were married.’ *Let alone me sleeping with an old flame as a married woman*, I add, privately. I feel guilty, wondering if that would come across as judgmental if I voice it.

I vaguely remember she has another job lecturing on women’s studies. Perhaps she’ll think I’m old-fashioned. The distance between us seems huge, insurmountable. I worry that she just won’t understand me, my faith most of all.

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The response, historically, of Christianity towards psychoanalysis and psychiatry has been somewhat self-protective. As illustrated by the account above, this can stem from insecurity in the individual (my own fear of being misunderstood spoke to a much older feeling of being criticised as a child), or from misunderstandings as well as genuine points of difference. The

rise of nouthetic counselling in the United Stated is evidence of this, setting itself up as a movement opposed to 'secular psychology' and psychiatry and instead providing counsel based on the Bible only (Carter 1975). While movements such a Biblical Counselling UK are moving towards a middle-ground of integration, echoes of mistrust remain on all sides, evidenced in a proliferation of articles setting up Christian faith and psychiatry in opposition. (for example, see Johnson 2023, Taylor 2008).

Finally, in this section examining tensions between fields, we should address where psychoanalysis now sits in relation to psychiatry. Sigmund Freud, and his ideas as expounded in psychoanalytic theory, does not have the universal influence he once enjoyed within psychiatry. Despite psychodynamic ideas being a part of the core psychiatry curriculum, where trainees must all conduct a supervised psychodynamic psychotherapy case and attend Balint groups (Allison 2014), some argue that Freud's theories are outmoded, unfashionable and subjective and so are not useful in the modern, evidenced-based field of psychiatry. (Paris 2017, 2005) Psychoanalytic ideas have, therefore, now been relegated by some to a similar region to that which religious faith once occupied – as a way to explain some parts of the human being, but certainly nothing to do with a scientific mode of thought. (Popper 1968)

Cults: a fair descriptor?

There is an intuitive way to use the word 'cult', and it has entered more common usage since the famous Manson murders of the 1960's. However, as I allude to above, I have also heard the term used in relation to psychoanalysis or psychodynamic psychotherapy more broadly by those in psychiatry and in the church. This has piqued my curiosity and made me

wonder if calling something a ‘cult’ is really a convenient way to denigrate modes of thinking which seek a more metaphysical view of the human being. How far are ‘cult’ comparisons applicable in the fields we are examining here, and what do we mean when we use this somewhat pejorative term?

According to Lalich and Tobias, the hallmark traits of a cult are; an ‘us-and-them’ mentality, a lack of accountability of leaders and the group teaching that the exalted ends justify the means. They also cite the leadership inducing shame to control members, ties with family and friends being discouraged, the group being pre-occupied with bringing in members and making money, members being encouraged to devote inordinate amounts of time to group activities and the most loyal members feeling there can be no life outside the group. (Lalich and Tobias 2006). Others, especially within sociology, would add an element of social disruption to these criteria, as well as a charismatic leader.

Certainly, there are some areas within Christianity which could contain seeds of this ‘cult’ mentality. The well known ‘Westborough Baptist Church’, made famous by a series of Louis Theroux documentaries back in 2007, fulfil all these criteria. Well-meaning, less extreme groups of Christians have also fallen into this pattern and have become increasingly isolated from other, mainstream Christian communities who often feel that fundamental teachings of Christ, for example love your neighbour as yourself (Mark 12:30-31) or do not judge or you yourself will be judged (Matthew 7:1) are being misunderstood or forgotten altogether within these groups. Most Christian churches, however, do *not* fulfil these ‘cult’ criteria, at least not more so than any other large institution (see below).

In terms of psychoanalysis, we can apply the same criteria in judging whether it is, indeed, a 'cult'. Like Christianity above, I think it is a matter of degrees and of individuals within the movement. There can be, and has been historically, an obsession with inflexible 'doctrine' and a seeming intolerance to questioning tenants of psychoanalytic orthodoxy. Those who questioned were 'sent away' from their training institutes of choice. A notable example of this were the 'controversial discussions' of 1941-1945, where British psychoanalysis split into the Kleinian, Freudian and Independent schools of thought and practice (King and Steiner 1991). The powerful transferential feelings involved in being an analysand may complicate this somewhat as the process involved a degree of regression to a more childlike, black-and-white mode of relating. It is reasonable to assume this can complicate relations between various analytic schools, as a trainee will inevitably show a degree of identification with their training analyst and their associated way of practicing. Others within the field, however, adopt a more flexible view of theoretical orientation, thereby overcoming what Freud would call 'the narcissism of minor differences.'.

The account below illustrates some of the principles we have been discussing, and it will be useful to hold Lalich and Tobias's criteria in mind.

Vignette III

My friend and I are sipping our way through extra-large lattes in a local coffee shop. She looks tired, drawn. She is hoping to become a psychoanalytic psychotherapist and so is undertaking her own therapy three times a week. She is also in Psychiatry training in another part of the country.

‘It’s really, really intense just now… I’m being confronted with parts of myself that are so difficult to cope with in my therapy. And I feel *dependant*, like a little child, on my therapist. How am I meant to cope with my own patients when I feel like this?’

I cast around for something to say, I feel a little inadequate as she’s already practicing as a trainee-therapist, and I am not.

‘Can you speak to your husband about it?’

‘He wouldn’t understand.’

I nod. I understand her – the process of an intensive therapy is just what it says on the tin: intense. Not many *do* understand. I reflect on my inability to feel I can share the ups and downs of my analytic journey with my other friends or family. It’s isolating.

‘But it’ll be worth it’, she says, ‘even if I am accumulating shocking amounts of debt.’

‘Agreed,’ I say. ‘I’m the same… it’s expensive, but it’s such an important thing, understanding yourself and healing. It’s bigger than just the money.’

‘And the time’, she says.

‘Yes’, I agree, the four-hour round-trip I do several times a week for my own sessions coming into my mind.

‘It’s like that lady said- you know the one from the training committee I saw.’

‘Yes’

‘*Psychoanalysis is a lifestyle choice*, she said… we’ll never be rich, and time with family will suffer when we see training patients in the evening or morning, but it’ll be worth it.’

We nod sagely, then get caught up discussing our favourite psychoanalytic writers; Winnicott and Guntrip for her, Freud and Klein for me – their charisma seems to ooze from their writings.

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Vignette IV

The registrar’s eyes are shining. He is small, stocky, athletically built. He emanates self-assurance and authority. As brand-new surgical trainees, we’re all a little wide-eyed, intimidated by his seniority and confidence. It is my first day as a surgical run-through trainee, and this is the final induction lecture of the day.

‘I’m almost finished my training’, he said ‘and you are all just beginning. And I have some things I’d like to share with you. You are all the best of your peer group – being a surgical trainee is not just a job, it’s a privilege. You’ve been accepted for *run-through* training – the most competitive post bar neurosurgery. We are not medics, we are surgeons. And the job will demand a lot of you. You wont see your family, but this will be like your family. I played

sport professionally and thought I could continue to do that along with this job: it's not possible. This will be your hobby, your career, your social life. It's a high calling, and it will demand dedication.' he looked around the room. 'The people who train you - the bosses – are doing you a favour. We need to help them out, too. We need to go above and beyond – stay late, come in when they ask us to. Not everyone will be able to do what we can do. So, welcome to the department!'

We beamed, exhilarated. It felt like being sent into battle, a heady call to work hard and enjoy our 'specialness'. Years later, I would question this specialness, the demand for the specialty to be all-consuming. The consequence would be alienation.

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The above vignettes from my own experience illustrate the complexity of the situation. I believe all human beings long for a sense of belonging and security within a group. Whether you attribute this to being made in the image of a relational, triune God, to biology pushing us towards the protection of a family unit or to the psychic pull towards our love objects – the need to relate is a strong one. Cults can be seen as an extreme end of this need to relate, and a number of 'soft' characteristics of cult-like behaviour can also be found wherever there is passion and a strong need for community. I believe elements of this can creep into organised religion, but also branches of psychoanalysis or even medicine as a whole. But elements do not equate to the whole, and I think the use of the term 'cult' is often untrue and unhelpful.

Perhaps the need to use the word, to pejoratively describe a faith, a group of psychotherapists or any other professional grouping, stems from a defensive need to 'split'

the world around us into good and bad. Those with a devout belief which does not correspond to our own we can label as a 'cult' to avoid engaging with it. We can also, however, learn valuable lessons from groups which *do* wander too far down paths of control, shame and 'love-bombing' (showering with praise or rewards for 'towing the party line') to examine which of these unhealthy practices exist, to any degree, in our own institutions (or personal lives) and take steps to minimise these.

I would argue that other psychological defences such as projection (for example psychiatry/medicine projecting its own tendency to be dogmatic into religious faith, or evangelical Christianity to project its own tendency to have a somewhat reductionist view of mental health into psychoanalysis) has indeed led to widening gaps in understanding between the fields. As in individuals who employ splitting and projection and other primitive defences excessively, this can lead to a somewhat impoverished 'personality'. I believe Christianity, psychiatry *and* psychoanalysis can all become more vibrant, creative, and fertile if they integrate better with each other as well as with their own split-off and disavowed elements.

The following, final section will focus on an attempt to integrate these three exciting and dynamic fields. I will, once again, illustrate the point via a short account from my own practice. I will emphasise again that this is a fictional patient but made up of elements of real conversations.

Vignette V

‘They just don’t understand’, the patient says, frantically, as we walk down the corridor. She quotes several Bible passages in quick succession, not giving references but I recognise several from the book of Revelation, and a Psalm. She repeats the first line of Psalm 23:

‘The Lord is my shepherd. Shepherd. I could be a Shepherd, shepherdess, really. Haha.’ Her eyes are wide, she is sweating a little, she walks too close to me. She’s young, unkempt and thumbing through a well-read looking Bible even whilst walking.

I’ve been sent, as a junior psychiatry trainee, to conduct a mental state exam. The patient, who I shall call ‘K’, has been brought in due to a manic episode. I’ve read her notes and can see that religious content has formed a large part of her grandiose delusions on previous admissions. We enter the interview room and I sit down, motioning for K to do so, too. As she sits, she keeps up the pressured stream of words:

‘I preach, you know. Like Billy Graham, like to everyone, like the congregation, and here on the ward – they’re my parishioners, my flock, I’m the Good Shepherd, Shepherdess! Ha!’

I feel sad, and reflexively step back – as I had started doing in my own analytic sessions – to observe the feeling and be curious about it. I was certain my own faith was causing me to identify with the patient, and to feel sad and uncomfortable about something so precious to me (God’s word) being part of someone’s symptomatology. I then wonder about the patient – perhaps this is how she feels. If she has a living, active faith, how does *she* feel about this being co-opted by her bipolar affective disorder? Is this why she feels ‘they just don’t understand?’

I park my mental state examination for a moment and find an opening in the pressured stream of words, associations, jokes and puns, and ask:

‘You keep saying ‘preaching’ like Billy Graham – the famous evangelist – but do you mean *witnessing*?’ I used the more common theological word for telling others (often individual to individual, rather than to a congregation) about Jesus. The clarification would help me decide how delusional K was – if she was using ‘preaching’ to mean ‘witnessing’, this was merely a slightly grandiose way of expressing a part of normal Christian living, but if she really did hold to ‘preaching’ to a large, fantasised congregation, this was a florid delusion. She stopped and started at me, pausing the stream of words for the first time.

‘Well, yes… I do mean witnessing. We must, we are His witnesses… you know Billy Graham?’ Her tone of voice had been euphoric in that heated, manic way, but she suddenly sounds different. Still ‘high’, but in a somehow more ‘herself’ way – like the person was making attempts to shine through the illness.

‘Yes, I do.’

She relaxes and smiles. I notice my own sadness is gone, I feel more connected to her, I wonder if this corresponds to her feeling of isolation lifting a little. I suddenly remember a therapy session where I felt my faith was being misunderstood and remember the longing for recognition and understanding.

‘I wonder’, I say, ‘if, before I ask you some more questions, you could tell me a bit more about what your faith means to you? Has it been a part of your life for a long time?’ K looks delighted at being asked the question.

‘Yes, yes of course!’ she says.

Over the course of her admission, K’s manic symptoms receded with a switch in her medication. As she became less floridly manic, the conversations around her faith continued and it emerged as an important, premorbid part of her inner and outer life. She said on discharge: ‘thank you, for understanding.’

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Towards integration

The vignette above illustrates the power of allowing faith, psychiatry *and* psychoanalysis to come together. After a similar encounter, I reflected in supervision how healing it was for me to recognise my specifically Christian faith as something which could serve patients in my capacity as a psychiatric trainee. The psychoanalytic ideas I had been reading about and *living through* in my own analysis also allowed me to begin to integrate all parts of myself within my patient consultation, a move which, I believe, led to better patient care.

There have been encouraging moves recently in this more cohesive, complimentary direction. I have mentioned the Biblical counselling movement above which is increasingly seeking to allow Christianity thought a ‘way in’ to the fields of psychotherapy and psychiatry,

without losing an essential understanding of a Christian spiritual perspective. The 2014 book 'Christianity and Psychoanalysis: A New Conversation' (Bland and Strawn) brings together essays by Christian psychoanalysts about their practice from their own unique subjectivity. In terms of integrating Christianity and psychiatry more broadly, organisations such as the Mind and Soul Foundation – set up by largely UK-based, Christian psychiatrists – publish regularly on the integration of theology and mental health.(see: www.mindandsoulfoundation.org/). Sadly, the same cannot be said for psychoanalysis and psychiatry.

A recent film about Freud (*Freud's Last Session*) has led to a rise in public interest again in psychoanalysis and one can wonder if this, combined with a generation increasingly accepting of all forms of psychotherapy, may lead to a revival of interest in psychoanalytic thinking and future integration back into psychiatry.

Conclusion

As I hope I have illustrated above, the relationships of Christianity, Psychiatry and Psychoanalysis to each other are complex, full of historical suspicion and misunderstanding. Of course, this impacts on the individual – whether it be the patient of faith trying to be understood, the therapist trying to understand or the psychiatrist trying to diagnose. We know from studies of the human psyche that failures in creating a containing, loving environment as a child can lead to defensive splitting of the world into all-good or all-bad – at times we all fail to be 'held' by our professional family too, and our own echoes of infancy can cause us to use labels such as 'cult' in a way that denigrates other ways of thinking and exemplifies this split.

Underlying much of this splitting is fear – fear of being misunderstood and fear of being taken over by the other. The author of the letter 1 John writes, in chapter 4 verse 18, *There is no fear in love, but perfect love casts out fear.* Freud was fond of stating the aim of psychoanalysis was to improve the patient's ability to love and work. Perhaps, if we can dispense with the fear and suspicion of the other, we can find great benefits – both to ourselves and in our work with patients – when we better integrate Christianity, psychiatry and psychoanalysis.

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