The Birth, Death, Rebirth, and Transformation of God

Chris MacKenna

Introduction

When Dr. Coghlan first mentioned the possibility of my coming to this meeting, I felt both intrigued and daunted. I had heard of the formation of this group and been heartened by the news; at the same time - and this tells you a lot about my prejudices and presuppositions - I was faintly surprised that the Royal College of Psychiatrists should be sponsoring a special interest group on spirituality. Some years ago I remember reading a survey of the religious attitudes of doctors in this country, which reported that psychiatry was then the most atheistic specialty in medicine. If atheism equates to a materialistic philosophy of life, then your establishment of a special interest group on spirituality is a truly remarkable development; and all the more significant in that its formation has come at a time when physical medicine is making such striking progress. I am thinking, particularly, of all the research stemming from the human genome project and also the spectacular advances of the neuropsychobiologists, which seem to be strengthening the physicalist tendency in medicine.

However, be that as it may, my interest was aroused when I heard the theme of today's meeting, 'Invited or not, God is here' – Spiritual Aspects of the Therapeutic Encounter. Those words, 'Invited or not, God is here', vocatus atque non vocatus, deus aderit, were the words which Carl Jung chose to have inscribed over the front door of his house at Kusnacht, on Lake Zurich. For me, they evoke strongly the sense that there is always something unknown and unpredictable about the therapeutic encounter. Times of crisis are fraught with danger but also, sometimes, with new and unexpected possibility. Doctors, priests and psychotherapists all need faith - faith of some kind, a personal spirituality – if we are to continue working fruitfully in face of illness, uncertainty, mental confusion, fear, and the fact of death. Without a vital faith we are almost bound to lose our capacity to be present to our patients or parishioners, as one human being with another, without retreating behind a disengaged or authoritarian persona - or, and this is a very real possibility, becoming ill ourselves.

My personal background and approach to spirituality are in Christianity and Analytical Psychology. I am – as you might expect a clergyman to be - an incurably religious person. But I am also a questioning person, and my theology and psychology both tell me that there is no necessary connection between religion and spirituality. Ideally, of course, I believe that religion and spirituality should go hand in hand: spirituality forming the inner kernel of religious experience. In practice, though, I accept that it is quite possible for religious practice to be divorced from anything that I would want to recognize as authentic spirituality; and, equally, I know people who live profoundly spiritual lives beyond the confines of any organised religion.

Just so that you have some idea of where I am coming from, let me say that it seems to me that two ingredients are vital for a living spirituality. The first is a 'myth' – I use the word 'myth' in a positive sense – and by this I mean a way of explaining our existence to ourselves. We need to be able to make sense of life. This is one of the great gifts that every religion offers to its adherents. But myths don't have to be religious. Richard Dawkins, the Oxford zoologist, is a most articulate critic of religion; but I would say that his neo-Darwinian, evolutionary philosophy provides him with a very effective myth, which enables him to locate himself within the universe; to make sense of his existence. Without meaning, we perish. I think I first learned this from the work of Viktor Frankl (Frankl 1973). The collapse of our ability to make sense of our lives (sometimes connected with the breakdown of a key relationship) can

precipitate mental or physical breakdown. Years ago Emile Durkheim, in a pioneering sociological study, identified 'anomie', the collapse of the world as we know it, with all its associated meanings, as a precipitating factor in suicide (Durkheim 1952: p241).

If meaning, the possession of a personal 'myth', is the first most important ingredient for a vital spirituality, it seems to me that the second most important ingredient is a way of living which enables us to inhabit our myth: to relate our personal understanding of life to our everyday experience. For me, this means things like prayer, meditation, worship, scripture; my family; belonging to religious and psychotherapeutic networks of friends and colleagues; as well as art, literature, music, architecture, poetry and the natural world. Together, these ingredients provide a framework, which helps me keep open an inner space where I find myself face to face with that mysterious purpose underlying all life, which I call God. For me, it is this deep, inner relationship with God, a God who is humanized for me in the person of Jesus Christ, which preserves my sanity and enables me to face life, and death, in hope.

Now, I appreciate that the moment I begin to talk about God, and to talk about God like this, in a personal way, is likely to be the moment when you may begin to feel uncomfortable. This is not a religious gathering and I would imagine that among your number there are adherents of all faiths and none. Some of you will believe in a personal God, and some of you won't. Among those of you who do believe in a personal God there is likely to be a great diversity of beliefs as to what God is like. Psychologically speaking, even among believers in the same God, there will always be a considerable variety of internalised God images: we each carry a unique picture of God within us. This will be equally true for any atheists, or non-theistic believers who may be here: you will also be carrying an internal image of God, the God in whom you do not believe. Psychologically speaking, the God in whom we do not believe is a very powerful figure in our internal worlds. Whenever God is mentioned, this image of the God in whom we do not believe stirs to life inside us.

During the course of our lives we inevitably develop an internalised image of the God in whom we do, or do not believe. This image is never static. Psychologically, it is subject to many vicissitudes during our formative years. If it accompanies us, consciously, from childhood into adulthood, it will need to undergo considerable transformation in order to engage with our more mature experience of life. If our God image fails to develop in step with our growing experience it will die, either gradually through atrophy, or traumatically, as happens when we are overwhelmed by an experience that destroys our capacity to sustain faith in the God we knew. When images of God die they become images of the God in whom we do not believe. But God can also be reborn in the form of a new, more comprehensive image, which coheres more adequately with our adult experience of life. It is with these thoughts in mind I have called this paper 'The Birth, Death, Rebirth, and Transformation of God'.

This paper

Thinking about today's theme, it struck me that in general psychiatry, as in psychotherapy and parish life, God probably makes repeated, and sometimes very painful and disturbed appearances in the consulting room. Despite the fact that religious delusions are reported to be going out of fashion, for some of our patients God is not just a reality but the reality who dominates their lives and thinking. Our problem though, as psychiatrists, psychotherapists, or clergy who believe in the importance of spirituality, may be in knowing how to engage with the images of God that animate our patient's inner worlds - especially if those images strike us as mad or, at least, disturbed.

With this thought in mind, I am going to begin this paper by reviewing some of the characteristic ways in which God may appear in our consulting rooms. I will follow this general review with a more specific piece of case material, drawn from my psychotherapeutic practice, which illustrates how I tried to engage with the religious ideas of a patient who was prone to paranoid delusions. I will close this presentation with some reflections on the psychological processes involved in the birth, death, rebirth, and transformation of our images of God.

Perhaps I should preface my remarks by saying that, for the time being, I am going to use the word 'God' uncritically, simply accepting what patients say about God as being the most adequate and accurate means they have of conveying the truth of their own experience.

God in the consulting room

As I understand them, encounters with God are moments when our ego experiences itself in relation to something which appears to be other than, and greater than, itself; something which does not seem to be conditional upon, or conditioned by our outward circumstances or relationships.

In moments of psychotic grandiosity there can be an enormous inflation of the ego. People may believe themselves to be divine, or to be possessed by superhuman power, or to be at the cosmic centre of the universe. Observers sometimes find this comic - there are endless jokes about people who thought that they were Jesus; but our laughter may be an uncomfortable expression of the fact that people in psychotic states of mind can sometimes tap into our inner worlds with uncanny accuracy, apparently picking up information about us from the ether. It can be scary when this happens. Equally, psychotic states of mind can also be very impressive. I remember a patient who had been tripped into a psychotic episode by an overdose of steroids prescribed for polymyalgia rheumatica. Initially this caused her to become so violent that she was sectioned: once in hospital she calmed down and for over a week inhabited a place of Buddha-like serenity in which everything that happened in and around her felt significant and interconnected. Interestingly, when she recovered from the psychotic episode, which she did within three weeks (without recurrence), she knew that her state of mind had been drug induced, and yet she also felt that the experience had genuine spiritual significance. In the religious language that made sense to her, she said it was as if she had experienced everything from inside the mind of God. This sense of everything being interconnected had a lasting and beneficial effect on her attitude to life.

In more borderline states in which the ego is weak or partially fragmented but manages to sustain some cohesive sense of identity, there is frequently an anxious awareness of what feel like benign or malevolent powers. Psychodynamically, we might say that because the patient's ego is so unintegrated, thoughts and feelings are sometimes experienced as happening to them, as if they were 'coming at' them from outside. This can create rather powerful, anxious, spooky states of mind susceptible to talk of demons and evil spirits. I have met a number of people in this group who have been disturbed, even damaged, by charismatic or new age groups who have 'diagnosed' them as suffering from some form of spirit possession, or oppression, from which they need to be released or delivered, when what they have really needed was a safe, coherent framework in which they could become more conscious of the split-off parts of themselves. This can be a contentious issue. For myself, I do not rule out the possibility of possession, or oppression by alien psychic or spiritual entities. But I feel that a very careful assessment needs to be made before we attempt to 'deliver' someone from what may turn out to be aspects of their own psyche.

In some paranoid states of mind, there may be an underlying grandiosity that gets caught up with the patient's sexuality and can produce the most florid and complicated religious-cum-sexual fantasies. Freud's 'The Case of Schreber' (1911) is perhaps the classical example. A colleague of mine once used to receive long and detailed letters from a professional man in his congregation instructing him how he should sow the seed (in Greek, the sperma) of the Word in the young women in his

congregation. (I don't know if it is significant that this man was a lawyer, like Schreber; but just as Schreber used his legal skills to get himself out of hospital, so this man used his very considerable skills to prevent his being hospitalised and to enable him to continue in legal practice).

In psychotic depression there may be anguished rumination about being so bad as to be beyond the pale. I guess you will all have, or have had, patients who were convinced that they had committed the unforgivable sin. In these cases, confession of known bad deeds has no effect on the patient's profound, inner conviction that they are beyond the scope of God's love – although the sufferer may well believe that God's love and forgiveness are available for every other living creature. Because this state of mind is so agonising, and the patient seems so much to be the victim of it, it is possible to miss the fact that there is a huge grandiosity involved in it: the patient is so bad that not even God can forgive them; they are the source of all the world's ills. Once again, the ego is possessed, but this time with a powerful sense of evil and worthlessness.

In obsessional states, where the patient is struggling with enormous amounts of repressed anxiety, prayers and rituals have to be performed exactly according to the book (even if the 'book' exists only in the patient's head) and with complete mindfulness otherwise, at best, their prayers are invalid or, at worst, the inattention or lapse in detail threatens to open up a (probably rather non-specific) crack in the order of the universe. One of Freud's earlier suggestions about religion was that it is a form of 'universal obsessional neurosis' (Freud 1907: p126); and this fits with the fact that there are certain religious traditions in which minute - dare I say obsessional attention to detail is regarded as essential. A priest friend of mine was once accused, in all seriousness, by another priest of having several times failed validly to consecrate the wine at the Holy Communion service - this because he had lifted the chalice more than three inches from the altar during the words of consecration. It can sometimes be quite difficult to know when such an obsessional defence against unthinkable anxiety actually becomes an illness. The patient probably feels that he became ill at the point when his obsessional defences were no longer able to suppress his underlying anxiety; but, for those who have had to live with him, his rigid and ritualistic behaviour may well have been troublesome for a much longer period.

Working with God in the consulting room

I am sure you could all multiply examples like these out of your own experience, but I hope these cameos are sufficient to remind us of some of the ways in which, invited or not, God may be present in the consulting room. Doctors who find themselves repeatedly faced with such disturbed and disturbing thoughts might sympathize with the psychiatrist who once advised a devout manic-depressive friend of mine 'to forget all that religious nonsense.' Is it experiences like these, which inclined the psychiatrists towards atheism in the survey I mentioned? Or, did they already have some inbuilt resistance towards the spiritual dimension, which drew them towards psychiatry in the first place - perhaps hoping, like Freud, that science would provide the ammunition that would finally remove God from the universe?

My own reaction to these more colourful or agonized forms of religious experience is usually to want to jump in and make an emphatic distinction between them and what I like to think are more helpful or mature forms of spirituality and religion. But experience has taught me to be cautious of my religious zeal, not least because there is little therapeutic advantage to be gained from thinking that I know better than my patients what God is like. Neville Symington, the psychoanalyst, tries to establish a clear distinction between what he calls 'primitive religion' and 'mature religion'. In his view primitive religion is dominated by wish-fulfilment and superstition whereas, in mature religion, 'the object upon which (the believer) places value and in relation to which he acts transcends his own interests, his own desire for power and

aggrandizement' (Symington 1994: p20). In other words, mature religion, for Symington, is a move beyond narcissism.

Intellectually, I find Symington's ideas stimulating, but his thinking feels too sharply differentiated when working with a patient - a patient with a tendency to suffer from paranoid delusions, like the one I now want to describe - whose key masturbatory fantasy, indeed her deepest sense of spiritual value, was sustained by the dream of being buggered by God on the altar of her parish church in the presence of the whole congregation. In presenting some of my work with this patient I want to raise the question of how we relate to the God who, invited or not, is present in the consulting room – particularly if that God is present in rather bizarre or colourful ways.

Religious fantasy of a patient prone to paranoid delusions

Listening to my patient's very concrete fantasy of being buggered, it would have been easy for me to dismiss it out for hand as having no spiritual value. If I had reacted like this I would have set an unbridgeable gulf between her and myself. Worse still, I would have made a judgement that I knew better than she what God is like. Therapeutically there was no way forward unless I could begin by accepting the fact that she had shared with me the most sacred and precious expression of her spirituality: she had told me what her God was like. The 'myth' of being buggered by God – I use the word 'myth' in a non-pejorative sense – was what kept her alive and sustained her inmost sense of value and self-worth.

If I am going to be able to appreciate this woman's spirituality – and help you understand it - I have to remind myself that she was taken into care when she was just under two years old and spent her childhood in a series of children's homes before being fostered by a rather rigid sounding couple – though she retained a few happy memories of the husband, who appreciated her artistic ability. Along the way it is probable that she was sexually abused by other children, if not by care workers. The one setting in which she remembered experiencing almost unfailing kindness, during her childhood and teenage years, was in her local parish church. Intellectually she was very bright and, as an adult, achieved significant professional qualifications, but her huge anxieties about relationships and her tendency towards paranoid delusions when anxious, made it difficult for her to establish herself in any social setting. So she stayed on the margins, generally remaining silent in company and compensating for her isolation and insecurity by being inwardly contemptuous of what she took to be other people's ignorance or prejudice.

Against this background I think it is possible to appreciate the meaning of her spirituality. First of all, she loved God. She loved God with all the intensity and with all the concrete reality of the little girl who had never known her father, and who had never had any close, safe, intimate, physical relationship with a father figure. The father figures she had known - her foster father and the priests who were kind to her during her teenage years - had all been admired and idealized from afar. But she was no longer a little girl. By the time I met her she was an adult woman, in her late 30's, with adult sexual needs and drives; an adult whose childhood experiences had made her believe that she was worthless, and who could therefore not believe that God could love her simply as she was. Because, in her own thinking, she was shit, it was instinctive for her to imagine that if God was to love her he would have to love her in the most degrading way possible. Therefore he would bugger her. But giving herself freely to God, so that he could bugger her, would be the supreme sacrifice and the supreme expression of her love. It is much better to be buggered than to be ignored and treated as if you don't exist. Besides, and this was where her omnipotent, compensating grandiosity came in, if God was to bugger her, this would mean that she was the very special object of his attention and desire. Therefore she wanted to be buggered on the altar, the ritual place of sacrifice, and thus the most appropriate place for her total physical and spiritual offering of herself; and to be buggered in front of the whole congregation, because then everybody would see that this woman whom they had – as she believed – despised, was actually the most precious and beloved of them all. Understood like this, she became a kind of feminine Christ.

In Symington's terms, this is clearly a primitive form of religion based on fantasy, idealization and wish-fulfilment; but it kept this woman alive. It was, literally, sustaining her spirit – though it was also, of course, keeping her trapped in terrible isolation because she unconsciously feared that if she was to let go of her grandiosity and idealization and join the rest of the human race, she would then become an insignificant nobody – the insignificant nobody that her upbringing had told her that she was. Therapeutically, if we are interested in the place of spirituality in mental health care, the key question is, is there any way in which we can work with a myth like this?

So far I have presented the information about this patient in rather a detached, objective way. But in the analytical situation, of course, everything happens within the context of the relationship between the patient and the therapist. The patient knew that I was a priest as well as a psychotherapist, and the transference was laden both with her paranoid suspicion and with the erotic legacy of her yearning for her foster father and teenage parish priests, as well as for the father whom she had never known. Although I did not interpret this, I felt sure that her God image was a compounded of all three. Another difficult compound was the fact that she was emotionally unable to distinguish between love, sexuality, and violence. The moment when she finally shared her fantasy of being buggered on the altar felt very split. On the one hand, it felt almost like an epiphany: as if she had drawn aside the final curtain and let me see the ultimate truth about herself – that she was a feminine Christ. On the other hand, I also had a strong feeling of being rebuked, as if I was one of the mocking members of the congregation who, too late, would (in St John's words) 'look on the one whom they have pierced' (Saint John's Gospel: 19.37).

While wondering how to respond to her revelation, I felt torn apart by my feelings. On the one hand, and perhaps most immediately, I was almost maddened by her continual hostility and denigration of my care. Although she had shared this immensely precious fantasy with me it was as if, in doing so, she had also relegated me to the ranks of the unbelievers and mockers, as if she was saying, 'On Judgement Day, you will see who the virtuous person really is.' At the same time I had an uncomfortable sense of being dared or challenged to enact the fantasy with her. I felt that, in her mind, for me to bugger her on the altar of the church would be a quasi-sacramental fulfilment of her dream. In her imagination it would also, presumably, be the one assurance she could then accept that I really loved and valued her; as if I could only prove my care and belief if I was to let go my version of reality and join her in enacting her's. This filled me with despair. At the same time I felt that, by making me experience these painful and conflicted feelings, she had brought me to a place where I could begin to appreciate her childhood rage at the world's denigration of her feelings, her terrified and bitter sense that she inhabited a different world from those around her. I imagined that she must often have felt like this during her early years in life. At the same time though, I realised that I felt an enormous tenderness towards her. Dreadful as her fantasy was, and confused and disturbed as was her sense of loving, she was prepared to give herself, in love, to the only being who had value in her eyes.

In a moment I will say how I tried to respond to this revelation, but I would like to pause for a moment and ask where the ingredients of this fantasy came from, and how they were brought together in my patient's mind. This may be a theoretical question, but it has practical implications because our theoretical understanding is bound to inform our therapeutic response. Had I been a psychoanalyst, I would have sought the meaning of all the different ingredients of my patient's fantasy in her personal experience of life. She was taken away from her birth mother shortly before

her second birthday, just at the time when the child is achieving some real autonomy in the form of language ("No!") and motor, particularly sphincter control. At this stage the child possesses a fragile sense of autonomy and yet, like the baby, still expects to be the centre of the world. Raging tantrums greet the inevitable infringements of her weak but absolute sense of her own worth. A child whose world is fractured at this stage, so that there is no emotional container within which all her polarized emotions can be held together and gradually integrated, is likely to develop a very black-and-white attitude to life, characterised by feelings of grandiosity and inferiority. Within this desolate emotional landscape, an image of God might well emerge to replace the good breast which is nowhere available on earth. At puberty all her infantile sexual feelings would be intensified and the anal focus acquire more fascination for a child who has had to fight tooth and nail to protect her insides from the outer world, becoming stubborn, implacable and obstinate.

A psychoanalyst would think in this kind of way and try to make sense of the fantasy and the patient's behaviour in the transference in personal terms. At one level, I accept this completely. It is essential to relate the elements of our patients' religious fantasies to their personal history, and to the developmental damage they have suffered. At the same time I also follow Jung who - perhaps significantly, in this context – began his medical career in psychiatry, where he was more exposed to psychotic states of mind than Freud ever was. One of the things that impressed Jung during his early days in psychiatry was the fact that psychotic delusions tend to be rather stereotyped, which is why they can be such useful diagnostic aids. It is as if, when the mind breaks down, it falls back on certain pre-existing mental forms that tend to organise our perceptions in fairly predictable patterns. I think that something like this had happened with my patient. At one level, of course, all the ingredients of her fantasy were furnished by her personal experience; but these personal ingredients seemed to have become attached to, and been shaped by, an archetypal idea which is found in various forms in different cultures and religions: the marriage of heaven and earth, of God and humanity.

If we look no further than the Bible, we find the idea that God is the husband of his people. The prophet Ezekiel has God say to Israel:

You grew up and became tall and arrived at full womanhood; your breasts were formed, and your hair had grown; yet you were naked and bare. I passed by you ... and looked on you; you were the age for love. I spread the edge of my cloak over you, and covered your nakedness. I pledged myself to you and entered into a covenant with you, says the Lord GOD, and you became mine (Ezekiel: 16.7f. NRSV translation).

In the Bible, the idea that God is wedded to his people is so powerful that infidelity is regularly described as adultery (e.g. Hosea, chapters 1-4). The particular form of infidelity that exercised many of the Hebrew prophets was the people's tendency to abandon the awesomely sublimated worship of Yahweh and indulge in the rather more earthy fertility worship of the Canaanites, which included cult prostitution.

Intercourse with a prostitute, in the Canaanite temple, was 'as if' the believer was having intercourse with God. At this distance in time it is impossible for us to know how clearly established that 'as if' was in the minds of those believers. In the New Testament we find the idea of Jesus as the bridegroom and the church as his bride. The Book of Revelation, the last book in the Christian Bible, ends on a high note of erotic tension with the spirit and the bride crying 'Come... Amen. Come, Lord Jesus' (Revelation: 22.17. 20).

Within the Christian tradition the idea of mystical union with God is frequently described in erotic language drawn from the love poems of the Song of Songs. Take

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¹ A euphemism for sexual intercourse.

just one of the Romances written by Saint John of the Cross. God the Father is speaking, (which, interestingly, adds an oedipal dimension to the poem),

Of the Creation
I wish to give You, My dear Son,
To cherish You, a lovely bride,
And one who for Your worth will merit
To live forever by Our side.

And she will eat bread at Our table
The selfsame bread on which I've fed:
That she may know the worth and value
Of the Son whom I have bred,
And there enjoy with Me forever
The grace and glory that You shed.

"Thanks to You, Almighty Father," The Son made answer to the Sire, "To the wife that You shall give Me I shall give My lustrous fire,

"That by its brightness she may witness How infinite My Father's worth And how My being from Your being In every way derived its birth.

"I'll hold her in My arms reclining And with Your love will burn her so That with an endless joy and wonder Your loving kindness she may know."

(John of the Cross 2000: p79)

We can analyse my patient's fantasy in personal terms, and this needs to be done. But if we are interested in spirituality and the spiritual dimension in mental health care, we may also want to wonder about the archetypal characteristics of the fantasy and the effect they may have had on my patient. One immediate consideration, for example, would be to do with the nature of her grandiosity. If we understand her fantasy simply in personal terms, we might interpret her grandiosity as a defence against the intolerable fear of discovering that she was completely worthless. On the other hand, if we entertained the archetypal hypothesis, we might find ourselves wondering whether her grandiosity was not a sign that her ego was 'possessed' by a superior force: she was grossly inflated because she had, unwittingly, identified with God.

This brings me back to what I said earlier: that, as I understand them, religious experiences are moments when the ego experiences itself in relation to something which appears to be other than, and greater than, itself; something which does not seem to be conditional upon, or conditioned by our outward circumstances and relationships. If there is truth, even partial truth, in this, it means that religious experiences are always going to be moments of some danger to the ego. By definition, the religious attitude makes room for, defers to, and struggles with, something or someone who – in presence or absence – is beyond its control.

Therapeutically speaking, the great difficulty in working with a patient who is in an inflated or grandiose state of mind is finding a way of engaging them, and drawing them back to earth, which does not crush them. To the grandiose person the only alternative they can imagine to their grandiosity is to become wormlike, a complete non-entity. To the devotee who has identified with God, returning to the

human plane is like falling from freedom and immortality into slavery and death. They cannot comprehend that there could be any benefit to be gained from becoming, simply, human. Before we can, in any way, help them come down to earth, we have to address their terribly damaged sense of self-esteem.

With this patient I said, very genuinely, how moved I was by what she had told me, but I also said that I was troubled by it. This puzzled her, and she asked me what I meant. I said, "From what you have told me it is clear that you are greatly loved by God." As I said this I could see the flash of triumph in her eyes. "But," I went on, "it feels to me as if something has gone terribly wrong." I could see that she looked shocked, so I added, "you are greatly loved by God, loved in a way no one else is; but I suspect, from what you tell me, that you haven't yet been able to appreciate just how much God really does love you." She asked me why I said this, so I said, "What really hurts me about this vision is that it shows so clearly how deeply you have been hurt by all the loss, rejection and abuse you've suffered. It's as if you've been hurt so much that you can't believe that God would want to love you face to face, so you have to let him bugger you. I think God cares for you more deeply than that."

In responding like this I was endeavouring to do two things. First, I was trying to connect with the grievous human hurt, which caused her to defend herself by identifying with God. Had I tried to do this in isolation, I think she would have shrugged me off: how little I understood if I thought that she could be hurt by other people's abuse and tittle-tattle. So I approached her in a paradoxical way. Instead of questioning her semi-divine status I suggested that the truth might be even more amazing than she had told me. This was clearly a novel and breathtaking thought, and the effect, in that session, was also paradoxical, it softened her and made her much more human. My intervention also seemed to have the effect of taking some of the pressure off the transference, as if my acknowledgement of her unique relationship with God relieved her of the necessity of enacting the fantasy in a concrete way with me.

Thereafter, the fantasy became a kind of touchstone between us to which we could allude, as if to the fundamental truth about her being. Of course, the next thing to emerge was the fact that the idea of anal intercourse with God was not just a sign of self-abasement. It was also an expression of her huge excitement with her anus and her faeces. This was difficult for her to acknowledge because she had projected much of this knowledge into her imaginary detractors and persecutors, a defence that had enabled her to sustain an illusion of innocence and sexual purity. Two things seemed to help us forward through this difficult period. One was our recognition that much of her anal fascination was tied up with her rage: her longing to shit on everyone who had ever shitted on her. The other factor, and this seemed to connect with my acceptance of her vision, was that she had responded, at a deep level, to my suggestion that God loved her even more than she had yet realized, and wanted to love her face to face. Although she was still struggling towards a genital level of relating, she could feel its attraction and this seemed to lure her on.

Once again, just trying to stand back a little from this material, I want to think about the archetypal level of experience. My feeling was that this patient was so damaged, and so prone to paranoid delusions and anxieties, that I would get nowhere if I tried to engage her purely on an interpersonal and reductive level. I had tried to do this in the past and found that she responded by becoming more disturbed, or more entrenched in her defences. My sense that an archetypal pattern underlay her personal material and was helping to organize it allowed me to respond to her fantasy in terms of that pattern, believing that the possibility which I was suggesting was also, at some level, already present to her – though perhaps not yet fully conscious. I think this proved to be the case.

Reflections

Having rather generally reviewed some of the ways in which, invited or not, God may be present in the consulting room; and having then described some aspects of my work with one person in some detail, I would now like to step back and think a bit more carefully about the psychodynamics involved in the formation and transformation of our images of God.

Freud was in no doubt that he knew how images of God are formed. He wrote, 'Psycho-analysis has made us familiar with the intimate connection between the father-complex and belief in God; it has shown us that a personal God is, psychologically, nothing other than an exalted father, and it brings us evidence every day of how young people lose their religious beliefs as soon as their father's authority breaks down' (Freud 1910: p123).

According to Argyle and Beit-Hallahmi, among the various Freudian hypotheses regarding the sources and the functions of religion, the one suggesting the connection between one's earthly father and the idea of a divine father has been the most testable and the most tested (Argyle and Beit-Hallahmi 1975: p183). Summarizing the results of several empirical studies examining the hypothesis of similarity between parental images and deity images they present four findings:

- 1. Attitudes towards God are closer to attitudes towards the opposite sex parent. Attitudes towards God and father are most similar for nuns, followed by unmarried girls, followed by older women.
- 2. God is described as, and attitudes towards God are similar to, those towards the preferred parent. Two studies report that with respondents reporting no preference for one parent, the correlations between the God image and the images of both parents are similar.
- 3. God is seen as similar to both mother and father. If a descriptive, cognitive measure is used, rather than attitudes, God is seen as primarily paternal.
- 4. There is some evidence that Catholics see God as more similar to mother, than Protestants (Argyle and Beit-Hallahmi 1975: p184f).

There is also the fact that although many children do drop out of church during their teenage years, supporting Freud's contention that people lose their religious beliefs as parental authority breaks down, the teenage years are also, traditionally, the peak years for religious conversion.

These research findings are in line with more recent psychoanalytic approaches. Here I am thinking particularly of the work of Ana-Maria Rizzuto (Rizzuto 1979 & 1998), a South American psychiatrist and psychoanalyst, who takes Freud to task for ignoring the contribution of the mother to the child's emergent god-image. Rizzuto's work is particularly interesting because it combines psychoanalytic investigation with empirical research involving the analysis of subjects' responses to what she calls her "God' Questionnaire (Rizzuto 1979: p213).

In line with the view which I have been taking in this paper, Rizzuto describes our images of God as illusory transitional objects (Rizzuto 1979: p177): images which begin to be formed in that hazy transitional space, between the 'me' and the 'not me' which begins, for the infant, somewhere between its earliest fist-in-mouth activities and 'leads eventually,' as Winnicott says, 'to an attachment to a teddy, a doll or soft toy, or to a hard toy' (Winnicott 1951: p229).

According to Rizzuto, God is a special type of object representation created by the child in that psychic space where transitional objects – whether toys, blankets, or mental representations – are provided with their powerfully real and illusory lives (Rizzuto 1979: p177). What distinguishes the child's earliest God representation from other object representations is that it is created directly out of its experience of its primary objects – that is, out of its lively experience of relationship with its parents, or principal carers (Rizzuto 1979: p178).

At the benign end of the scale, we might picture an infant who feels held, fed, nurtured and, most important for its incipient image of God able, as it were, to see itself reflected in its parents' eyes. In its inner reverie and fantasy, we can imagine such a child feeling safe and comfortable, and dwelling on the affirming experience of finding itself pictured and held in another's gaze. In this connection it may be helpful to remember the experimental work which shows that the infant is programmed to seek and to respond to the human face; and which demonstrates that it will respond, even if the 'face' is only a fairly crude diagrammatic representation. This suggests that there is an instinctive or, as Jung would say, an archetypal component shaping and driving the infant's fantasied perceptions: even at this early stage of its development it is as if the baby already 'knows' what it is looking for. If this is true it suggests that just as my patient's more adult material may have been unconsciously shaped and influenced by the idea of the marriage of heaven and earth, so the infant's earliest experience of gazing at its mother may be patterned by the pre-existing, archetypal expectation that 'an other' will be there.

Unlike the teddy bear, which is generally not so much forgotten as relegated to limbo, Rizzuto suggests that early God representations, if sufficiently positive, are likely to gain from the resolution of the oedipal crisis, becoming the recipients of the sublimated love which is having to be withdrawn from the opposite sex parent. This reminds us of the research finding, reported by Argyle and Beit-Hallahmi (Argyle and Beit-Hallahmi 1975: p184), that attitudes towards God are frequently closer to attitudes towards the opposite sex parent. In this way, instead of losing meaning, God's psychological significance may be heightened through the Oedipal phase.

Erikson suggests that the baby who enjoys the benign kind of 'mirrored' experience which I am describing is likely to move into further developmental stages with a preponderance of 'basic trust' over what he calls 'basic mistrust' (Erikson 1977: p222). At the other end of the scale, the child who is left hungry and does not feel held and cared for and, very important, does not feel seen - or, if seen, not mirrored - is already laying down the foundations for a dangerously exalted God image, detached from human sensibility (as was the case with my patient); or for a disappointing God representation which leads to unbelief (Rizzuto 1979: p206). In such cases, as Rizzuto comments, God 'may seem to lose meaning...on account of being rejected, ignored, or found temporarily unnecessary.' Nevertheless, as is true of all other objects, God cannot be fully repressed. As a transitional object representation he is always potentially available for further acceptance or further rejection. It is this characteristic of being always there for love, cold disdain, mistreatment, fear, hatred, or any other human emotion that lends the object God its psychic usefulness. Often, when the human objects of real life acquire profound psychic meaning, God, like the forlorn teddy bear, is left in a corner of the attic, to all appearances forgotten. A death, great pain or intense joy may bring him back for an occasional hug or for further mistreatment and rejection, and then he is forgotten

In summary, then, throughout life, God remains a transitional object at the service of gaining leverage with oneself, with others, and with life itself. This is so, not because God is God, but because, like the teddy bear, he has obtained the good half of his stuffing from the primary objects the child has 'found' in his life. The other half of God's stuffing comes from the child's capacity to 'create' a God according to his needs (Rizzuto 1979: p178f). I believe, following Jung, that the child's capacity to 'create' a God according to its needs rests on the instinctive/archetypal 'knowledge' which expects another to be 'there' for us.

The psychic processes of creating, finding, rejecting and recreating God never cease during life. The psalms are full of the cries of those who feel that God has turned his face away from them, and of those who rejoice when they find his face again. As adults we are bound to continue the processes of reality testing and reality accepting which began in the cradle; processes which are coloured by the contents

of our inner world, while those contents - our emergent God images among them - are, in turn, subject to constant further development and elaboration in the light of new experience.

God is only one of many mental representations. The forces that, in one person, go to elaborate an overt image of God may, in another person, become attached to nature, or to existence itself. However, as Rizzuto points out, 'In our culture...God has a special place, because he is the cultural creation offered to (us) for (the) private and public...re-elaboration of those primary ties that accompany each of us 'unto the grave' (Rizzuto 1979: p179). Occasions of public grief, such as the deaths of Princess Diana and the Queen Mother, with their widely broadcast funeral services, illustrate Rizzuto's point. Crowds of people, who seldom attend church or any public form of worship, were, for a time, silent and attentive to ancient religious words and ritual.

The God beyond our representations of God

I have reviewed some of the characteristic ways in which, invited or not, God may be present in our consulting rooms; I have described part of my work with a patient whose religious fantasies were dominated by the thought of being buggered by God and I have outlined some of the psychodynamics involved in the formation and transformation of our internal images of God. The formal part of my paper is now complete but, at some point, - if we are interested in Spirituality with a capital 'S' - we might also want to ask how these internal representations, which can be so disturbed, may relate to God-in-God's-self - if, indeed, there is a God.

With this thought in mind I want to add a very short coda to this paper, recognising that every religious tradition has its own ways of relating the finite to the infinite and apologising that my competence only allows me to offer a few thoughts drawn from the Christian tradition.

There is an ancient strand of Christian reflection that draws on the Biblical belief that human beings are made in the image of God. If we are, in some sense, made in the image of God then - according to this way of thinking - we should, indirectly, be able to learn about God through deepened knowledge of ourselves. Augustine of Hippo, writing about the Trinity in the early years of the fifth century CE (AD), said,

We are not yet speaking of heavenly things, nor yet of God the Father, and Son, and Holy Spirit, but of that inadequate image, which yet is an image, that is, man; for our feeble mind perhaps can gaze upon this more familiarly and more easily. Well then, when I, who make this inquiry, love anything, there are three things concerned - myself, and that which I love, and love itself. Therefore there are three things - he who loves, and that which is loved, and love. (Augustine: p.126).

We are not yet speaking of heavenly things ...but of that inadequate image, which yet is an image, that is, man. So far, everything I have said in this paper has been about humanity; about the way in which we are programmed, from birth, to seek another; and how an image of that 'other' grows in the transitional space between us. This sounds rather like what Augustine is talking about when he says 'when I, who make this inquiry, love anything, there are three things concerned – myself, and that which I love, and love itself.' Our relationships are 'Trinitarian' in the sense that they involve a subject, and an object, and the inter-subjective field which lies between them; and the Trinitarian pattern is repeated in our inner relationship with our internalised God image - with the God in whom we either do, or do not, believe - for this relationship involves our ego, our God representation, and the feelings which move constantly between them.

As a Christian, I derive comfort and stability from contemplating the eternal dialectic of the Trinity: the Father pours out his love until it forms itself into the Son; the Son reflects the Father's light and love; and the Holy Spirit is the light and love which moves constantly between them. At a psychological level I understand that the feelings of pleasure and security this image creates are connected to the fact that the life of the Trinity mirrors a Trinitarian dynamic in me. I accept that I project the Trinity into space, but is the Trinity 'nothing but' my projection? Perhaps it is; or, as I would prefer to believe, might my projection be the template that I project onto the universe, which enables me to perceive a fundamental truth about what is already there? Either way, the projection or perception of the Divine Trinity, a Trinity imbued with the fullness of life, love, truth, and beauty, exerts an attracting, formative and transformative power on my mind and spirit and emotions.

Do we create God? Or, does God create us? To my way of thinking, the answer is both. We are, undoubtedly, instrumental in creating our images of God. At the same time, those images are creative - or destructive - of us. At their best, I believe, and this is faith speaking, they point beyond themselves, as Dante said, to 'The love that moves the sun and the other stars' (Dante, Divine Comedy, Paradise: canto xxxiii, line 145).

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Contact address: The Healing and Counselling Centre, St Marylebone Parish Church, 17 Marylebone Road, London, NW1 5LT Tel. 020 7935 5066. E-mail: cmackenna@stmarylebone.org

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