

The Place of Spirituality in Psychoanalytical Psychotherapy

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I understand that I have been invited to speak to you today, partly because as a woman and a psychoanalytical psychotherapist I was asked to give a response to papers presented at St. Marylebone Counselling and Healing Centre conference entitled 'God & the Unconscious'. All these papers had been given by men.

I mention this because although the title of today's conference is about spirituality and has no mention of 'God', I realise that the term 'spirituality' is for me extremely hard to define and I must admit that my concept of the word is obviously affected by the fact that I am a woman brought up in the Christian Anglican tradition and that my understandings are inevitably affected by the ideas acquired through that experience.

I have been accused of being a heretic by at least one person when I explained my beliefs to them and certainly do not hold that belief in God and spirituality are in any way synonymous. I would like to propose today that the term 'spirituality' incorporates the idea of an awareness of something greater than the self, certainly more than the corporeal body. However, in talking to what I anticipate is an audience comprised mainly of doctors, I am very conscious that the body is the only equipment we have for experiencing anything.

When I refer to the concept of God, I certainly do not mean knowledge of an intrinsic clearly defined object but more an awareness of a *sense of belief in something* and, probably incorporated in this belief, a wish to communicate, coupled with some ideas of transformation, growth and of development to what might be termed a higher state of being. In my previous paper, I referred to it as the need for this numinous absolute, which is by definition beyond the limitations of 'knowing' but yet we believe is capable of being experienced.

My own feelings, understanding and experience lead me to suspect that the God in whom many do *not* believe is inevitably a God full of negative projections and in whom consequently it would be unwise to put one's belief, as he or she would not sustain belief or trust. Equally, a positive image of God must contain positive projections in common with all object relations.

At this point I immediately run into trouble, because I claim God is not necessarily an object; maybe I should say 'thing', yet communication suggests a relationship and this by definition requires an object. Here I would like to quote a colleague, Chris McKenna¹ who, in a paper entitled 'Self Images versus God Images' says, 'Somehow we must allow a transitional space, a space between the religious literalism that seeks to turn God into an object and the psychological literalism that says God is nothing but a projection'. We are physical beings, our model is one of relationships, we need an object with whom to relate and therefore by definition, the moment we talk of belief we mean belief in something or someone, necessarily an object. It is with this object of belief that I am concerned today.

I think that patients come to us psychotherapists because they have lost their belief or a sense of meaning in life. I am grateful to the analyst Jennifer Johns for the idea that all psychotherapy patients are displaced persons in some measure; life, faith, God, *something* has let them down and they have nothing in which to believe. Defensively, they choose disbelief, hoping this will protect them from further loss, rejecting the idea of the parent that has so let them down; here I think of stepchildren so eager to proclaim, "You are *not* my mummy"!

This passionate disbelief has become part of the founding philosophy of major world powers, the Soviet Union, Nazi Germany and Communist China.

Interestingly, we are recently seeing the uprising of powers based on a fundamentalist belief system, possibly as a reaction to lack of belief and meaning. Our experience is of patients coming to us to seek meaning.

I will introduce some clinical material from a patient who denounced any belief in God but in whom it emerged that her whole existence has been dominated by a superstitious belief in a God of absolute power, whom she hates and fears. I would argue that this belief leaves her life meaningless, her self devoid of spirituality and her whole existence pointless in her eyes.

I am grateful to the ideas of Rodney Bomford,² the author of 'The Symmetry of God', who suggests that the God of the mystics and the repressed unconscious are one. By this I do not think he means that God and the unconscious are exactly synonymous, though he calls them 'substantially similar concepts', but that we experience knowledge of God through our unconscious. He points out that the unconscious and religious language share many things in common. Not least of these is that the unconscious does not distinguish between reality and fantasy. I quote, 'the distinction has no meaning to it. What does matter is the influence of the fantasy (whether it be, for example, a true memory or a false one) on the present feelings and experience of the one subject to it'.

One of the main problems with spirituality and religious experience is the language we use to express such experience. Spirituality seems to be a more popular word and recently the word religion has come to suggest religiosity and formal religious practice. Yet neither spirituality nor religion adequately describes the human experience through which one struggles for meaning; which at times is felt inside at the very core of one's being, yet is experienced so often as involving something more than one's self. Bomford expresses the paradox of 'an encounter beyond being and non-being – nothingness and yet absolute fullness of being'.

Just as I believe that the God who is passionately denied and negated has a reality and is a God in whom, paradoxically, there *is* a belief, I am sure that belief in the existence of God can sometimes be experienced negatively, in other words, by knowing where God is not and by feeling some sort of absence. Here I am reminded of a remark made by my colleague Dr. Kingsley Norton, that patients who believe they are possessed are not in possession of themselves.

Let me now tell you about Emma, who came to see me (having been assessed by a colleague), for an initial meeting shortly before the Christmas break, with a view to starting in therapy immediately after the break.

Emma was 34 at the time and regarded by her husband as too disabled to come to see me alone, or indeed to answer the telephone when I rang. For no real reason that she was aware of, Emma had taken a seriously life-threatening overdose, her only explanation being she 'wanted to disappear'. I felt we got on well in the first meeting and we agreed to meet initially twice a week. However, by the start of the therapy three weeks later, she opened by expressing severe reservations and resentment about having to come, saying she did not know if she wanted to get better. I immediately focused on the term 'better' and discovered, as I suspected, that the term had for her a strongly judgemental quality based on a performance criteria. Indeed, the last thing she wanted to do was to continue to live her life performing and being judged according to what was clearly her father's value system, with an infinite need to be 'better' or perfect.

By 34, Emma was already divorced and had remarried. I was initially suspicious of the possibly controlling nature of the relationship with her second husband, who could not allow her to come to see me alone.

Emma's history was disturbing. Her mother had died when Emma was 3 from carcinoma of the stomach. Now 34 years herself, Emma clearly believed she herself could not live beyond this age. Emma has an older sister and a younger brother. Within a year of mother's death, father had remarried, choosing a younger girl of 18 (16 years his junior), who had been known to the children as a babysitter. She was

however introduced as their 'new mummy'. Three half-siblings were born in this marriage. The family lived in some splendour in the west of England. When Emma was aged eleven, they were told they were moving to Sussex and were taken to view a new school and a large house nearby, where they would live. Their home was duly packed up and they began their journey but were taken instead to the airport and flown to the Dominican Republic to start a new life. No contact was permitted with former friends at all, no questions were allowed and no explanation was given for the change of plan except that Daddy had 'fallen in love with the Dominican Republic'. After about two years of adjusting to schooling and life in the Dominican Republic, Emma was then sent back to school in England, feeling ill-equipped for reintegrating into the new life style. After a year, it was announced that the family would return to England because of business reasons and that Emma would have to leave this school. Then, on return to UK, father was arrested at the airport and subsequently tried for fraud; it became clear that his sudden flight had been to avoid imprisonment. On release, he announced that he had converted to Catholicism. Emma was very sceptical. Shortly after this, both he and her stepmother were involved in a car crash in which he died, when Emma was seventeen.

Emma's father was larger than life, had an ostentatious and pretentious life style and an entirely authoritarian set of values. His belief system was by definition *the* one. He broached no criticism and enjoyed holding large lunch parties during which argument was the major after-dinner entertainment; annihilating the opposition was his great joy. Facts had very little relevance.

Emma's older sister had always been Daddy's favourite and the sisters were seen as 'the girls'. Her stepmother soon became absorbed with her own three babies. The maternal grandparents to a great extent cared for Emma's own brother and Emma became lost in the system. Emma's individual identity, such as it was, revolved around the fact she was fairly bright and liked reading. She used this to escape literally 'up a tree', and hid in her isolation. When more intensely distressed, she would hide in the linen cupboard – a hiding place where she believes she was *never* found.

Her father suggested she would follow in his footsteps and go to Oxford University; it was only following his death that she discovered he had never been to university himself at all. So, by the time she was 17, Emma had totally lost her mother, since she could never be mentioned for fear of disloyalty to her 'new mummy', and had totally lost her father, not only through his death but also by discovering he was entirely fraudulent and not in any measure what he had claimed to be.

Emma had also moulded her identity around trying to please her father. She made herself indispensable by virtue of her skills in the kitchen. This is the only way she was noticed.

Leaving school, Emma had no sense of herself and arbitrarily chose both a degree course and a university. During her studies, she met her first husband, whom she tried hard to please in familiar ways, but the marriage lasted only eighteen months before he was unfaithful. Emma then quickly married her first husband's best friend, who incidentally shared the same Christian name. (I felt she had seamlessly replaced him with a 'new husband'). She became a computer programmer, simply because she was offered a job and was 'quite good at it'; the idea of career choice, self-fulfilment, talent or especially enjoyment never crossed her mind. At one stage in the therapy, she reported asking her husband 'Am I okay?' meaning 'Am I doing okay?' He replied 'Are you okay?' She said 'What do you mean?' He replied 'Are you *happy*?' She said 'What's my happiness got to do with it?' As Sigmund Freud said,³ 'in mourning it is the world that has become poor and empty; in melancholia, it is the I itself'.

It wasn't until I began treating Emma that I realised how devoid of meaning in any sense it was possible for a well-ordered life to be. This sounds extreme and in a

way quite pretentious, but having worked in acute psychiatry as a social worker in central London and having had professional experience of a range of acute and chronic disturbances, I was surprised that the total absence in a young woman of any value system apart from material comforts would be so disturbing in quite a new way. I am reminded of Socrates' famous quote, 'the unexamined life is not worth living'.

Interestingly, this couple have no interest in music, art, drama or poetry, and although Emma claims to love reading, she rarely discusses literature. It is as if they live in an un-interpreted world and consequently to Emma, my world, I am sure, feels bizarre, very 'suspect' and full of weird ideas at times. It is tempting for Emma to retreat to the safe world of pharmacology and 'mental illness'. Yet she also seems intrigued by my ideas, although I suspect she wonders which of us is mad.

Two very early dreams, possibly the first two dreams of her therapy stand out. In the first, she dreamed she was driving her brother to a party in the dark, on a strange road. Taking the wrong road, she tried to turn round and found herself reversing the car nearer and nearer to the edge of a precipice over which the car would fall backward with catastrophic results.

The darkness, the relentless movement backwards, despite all her efforts, the not being able to 'see', and the increasing inevitability of disaster are obvious to interpret. I suspect her brother may be an aspect of her self, whom at one level she would like to destroy but cannot do so without destroying the whole of herself, the part that would like to disappear but simultaneously fears non-existence.

The second dream involved characters like playing cards, particularly the King and Queen of Hearts. This seemed to have two meanings, one in the literal fact that she had no memories whatsoever of her mother and instead held on to a few two-dimensional photographs of her, which were becoming more worn out and had in fact no meaning or substance. The other interpretation seemed to be of the shallow two-dimensional nature of her father's character, with no depth or authenticity. In the counter-transference, I associated strongly to Alice In Wonderland, and this counter-transference has recurred over and over again during the treatment. Finally, after more than two years, Emma remembered as a small child going to a fancy dress party with her sister. Her sister longed to be dressed as the pretty little Alice, and Emma was allocated the role and costume of the Mad Hatter. (However, many other links were made before this; the family lives in Cheshire - Emma was clearly the Cheshire cat, who as long as she continued to smile, frequently felt she could have disappeared and no one would have noticed. We are all familiar with the feeling of patients fearing drowning in a pool of their own tears and also of squinting down a passageway with no possibility of reaching the beautiful garden and no hope of finding the key, which would fit the door).

I see Emma's problems as rooted in her difficulty in knowing in what she can 'believe'. She has been effectively punished for believing in her own instinct. At some level, she knows she has a 'real' mother but she has been severely discouraged from believing in that mother, or from missing her. Meanwhile, she was actively encouraged to believe in her father and he has turned out to be false in nearly every way. The story of her mother's death as told by her father was, 'God came down and asked if he could take Mummy to heaven'. Emma, to whom father is the ultimate authority, assumes that daddy said 'yes' to God. So God and father are seen as in some evil partnership, designed to deprive Emma of her mummy and so destroy her world. She was, of course, encouraged to believe this story too, all without question, because Daddy bears no questioning.

Our task in therapy has focused around two issues. The first and main task has been to help Emma back to a position where she can believe in her own experience with Mummy. Here I have been helped by being a mother and, very latterly, a grandmother, and so knowing from three perspectives (including my own as a child) what constitutes 'knowing' in the mother/baby relationship before the age of four. I talked to her of smell and the texture of skin, to help Emma to think about

discrimination and discernment, even using the example of sexual intercourse - the exact means by which she would know, even in the dark, if her husband were replaced by another. I helped Emma to believe in her own instinctual knowledge and to not be so concerned with formal 'memory'.

At this stage it emerged that Emma had been christened Emily, but that during her teens and her many changes of location and school, people began to call her Emma and she never objected, as if her identity was malleable. (I am reminded of a line in the film 'Pretty Woman'. 'What is your name?' the hero asks the prostitute. 'What would you like it to be?' she obligingly replies. Gradually, names began to change. Step-mum began to be called Ruth and 'Mummy' uniquely 'Mummy' or occasionally 'Jennifer' when we needed to stress her existence outside of Emma's inner world. Emma became Emily, and each of these changes was accompanied by a new meaning. Gradually, tiny authentic memories returned – the colour of her mother's jumper, the feeling of sitting on her knee and once holding her mummy's hand walking up what felt like a mountain but was in fact steps, following behind her sister and father. It felt we were engaged in archaeology, gently and carefully uncovering, discovering, the mummy she believed in. But meanwhile, we seemed to be unpicking daddy.

At home Emma remained by psychiatric standards fairly disabled. She was panicked by social activities and social gatherings, unable to speak on the phone and unable to drive. Frightened to be abandoned, she was also eager to be alone where 'nothing was expected of her'. Emma's reluctance to get 'better' became obvious. Her desire to disappear became clear, counterbalanced by a fear of ceasing to exist.

'Better' meant picking up the mantle of the gregarious, competent, indispensable young woman, whereas the Emma in the sessions was obviously shy and gradually more and more interested in exploring her inner world. She admitted she had been very shy up to the age of 13.

A major turning point in the therapy came when I began to feel, despite everything we had done, a marked resistance in Emma to 'move'. At the same time, I suspected there was a level in the therapy still deeper we needed to reach. I could tell that Emma was afraid of complete breakdown; we had by then been working together three times a week for some time and had met major resistance when I had needed to make a permanent change in session times. I also could see that she was defending me from becoming a bad object for her, as I was the only person with whom she could share our language, probably not unlike her situation at two years of age with Mummy.

After a little pushing on my part, plus use of my counter-transference feelings, it transpired that Emma felt she was literally holding everything together, and was standing back from the crowd *because she believed what she did had absolute significance*. She believed, literally, that her location and clothing would determine the outcome of the rugby international. She felt she had her finger in a dam and if she took it out disaster would occur. She added that the weather conditions were so bad that standing by the dam meant that the waves of everyday, ordinary, uncontrollable events constantly crashed over the dam and drenched her, but at least she and the rest of her world were not swept away. In addition, she could tell no one what she was doing for fear she would not be believed. She had her back to the dam, apparently standoffishly, but smiling as if nothing was going on. If she told people about her awful responsibility, they would either disbelieve her (and only she knew the full extent of danger), or with good intention they would try to relieve her from her duties. But then they would inevitably get it wrong and make a mistake. The third and worst possibility was that they would sadistically try to trick her into moving, by pretending to be good and helpful.

This third character became me in the transference; Emma suspected I was in cahoots with this treacherous betraying God, a mixture of Saddam Hussein and Hitler, and together we were out to trick her into movement, which would inevitably

cause the dam to burst and for her to be swept away. She would not risk moving for me. At this moment, I was desperately trying to stay *with* Emma despite her suspicions, imagining very concretely the impossibility of her predicament, and I made a crass mistake. I asked, 'if Mummy came back, would you trust *her* enough to move?' With utter contempt, Emma replied, 'if Mummy was here, there wouldn't be a hole in the dam'. In that moment I felt extremely stupid. I identified with the stepmother, who can by definition never 'know' in the same way as Mummy. I apologised deeply to Emma and somehow, through my sincere apology and acknowledgement of how I could never know, a healing shift seemed to be possible. I was at least speaking the truth.

While I was writing this paper, I listened afresh to the gospel of the day for Rogation Sunday. I quote from St. John's gospel, 'And I will ask the Father and he will give you another counsellor to be with you forever – the Spirit of Truth. The world cannot accept him, because it neither sees him nor knows him. But you know him, for he lives with you and will be in you. I will not leave you as orphans. Before long, the world will not see me anymore, but you will see me. Because I live, you also will live' (John 14:v.15 - 19).

I would suggest the Spirit of Truth presses from inside to be known from our unconscious. In order to fully live, we need to listen to that inner voice of truth, to be fully ourselves.

Many of you will recognise in Emma's fantasy two clinical phenomena common in psychosis that Freud felt particularly shed light on the infantile mental world. These are: a fantasy of world catastrophe and megalomania. Freud⁴ hypothesised that a fantasy of world destruction is a psychotic representation of a person's withdrawal of interest in the outside world – we commonly say 'it's the end of the world'. Freud speculates that this withdrawn of libido fills up the ego, giving the person a sense of omnipotent power, magical ability, specialness. This is megalomania. I suggest that Emma's case this over-investment in the ego would be a defence against her inability to trust or believe in anyone outside herself.

A few weeks after the session described, Emma was invited to join her in-laws for an expensive, exotic, extended family holiday in Southern Asia. Emma was most afraid of being swept up into a social whirl and losing herself (disappearing), mainly by losing her capacity to be alone and to be able to reflect in the way she had become used to. We discussed at length practical ways she could deal with this. Coincidentally, it involved extending my two-week Christmas break to three weeks, at the second anniversary of her commencement of treatment.

Shortly before the trip, it became clear her maternal grandmother was dying and this resurrected Emma's terror that in losing her grandmother, she would lose all concrete connection to her mother forever.

On her return from holiday and the break, Emma felt very different and looked much happier. The main event of the holiday she chose to relay to me was how she had sat alone outside the hotel, peacefully reflecting – the others having been content to leave her alone. For an hour and a half, she had watched a large tortoise slowly make its way across the grass, drink at the stream and return. I was struck by something I had sensed in Emma for some time in an embryonic way, what I think of as the soul of the artist beginning to emerge. (I was reminded of DH Lawrence's poem 'The Snake',⁵ which begins: 'A snake came to my water trough on a hot, hot day').

Emma is confused by the term 'artist' who, for her, inevitably and concretely has a paintbrush in his/her hand. As she put it 'I have never been able to draw'. I feel we are embarking on the next stage of therapy, and I wait with interest, as Emma seems to be observing the world with a new curiosity.

Emma is feeling 'better' and is inevitably under pressure, both internally and externally, to take up the threads of her old life, or at least to plunge into something new before she has had time to discover what it is that she enjoys. She is currently

puzzling over the new idea that being good at or better than average at something does not necessarily mean you enjoy that thing, and that enthusiasm (en-theos – full of God) or enjoyment does not necessarily require competence.

I hope that this work with Emma, which is ongoing, speaks for itself in describing just one example of how I see the place of spirituality in psychoanalytical psychotherapy. For me, it illustrates, as is shown by Jonathan Lear⁶ in 'Love and its place in Nature' that 'we are brought into being as autonomous thinking subjects by receiving the loving attention of others, especially our parents'.

Lear goes on to say, 'Self-concern begins with an internalisation of the loving environment. This begins a process of differentiation from the environment by which an ever more complex human being is able to differentiate himself still more from a loving environment whose complexity he is ever more able to appreciate. In this way love promotes autonomy'.

I believe Emma's environment lacked the love necessary to achieve this development.

Lear continues by defining analysis as 'a symphony of regression and reorganisation; in regression, the analysed strongly experiences his instinctual life; in reorganisation he acquires the concepts with which that life can be understood'. Later again he says, 'Psychoanalysis encourages a person to work through the particular meanings by which he lives his life: nothing is to be taken for granted or accepted merely on authority'.

I would argue that we all need to believe in a meaning to the universe, and our individual and unique place within it, which essentially is a belief in something bigger, greater than ourselves, something which has purpose – be it God, mother nature, humankind, or some sense of the physical eternal. Our capacity to see ourselves in the context of this relationship is, I would postulate, a capacity based on our object-relationships. What we project into the outside world or even into the God of our inner world must be founded on object-relations. The ancient Buddhist insight that we are utterly held in the web of the universe 'like a net of reflecting jewels', is confirmed in psychoanalysis.

However, it seems to me that most of the major religions tend to encourage a belief in a higher being based on a two-person relationship. I do not know if the model of the Trinity is reproduced in other religions but intuitively feel that the Christian concept of the Trinity reflects the maturity of the three-person relationship we aspire to in human relations and psychoanalysis in particular. This model is of a relationship in which two individuals work together in partnership and beget a third, which is more than the sum of the parts and other than either of them. This relationship has at its very heart a mature responsibility, one that stresses the mutuality of that response and the capacity in each to relinquish omnipotence.

I suggest that our concepts of a mature spirituality are damaged by many of us being stuck with an authoritarian two-person relationship dominating our inner worlds. We have no faith that our true becoming could be achieved by a relationship, which could model itself on the concept of a mature intercourse with God.

My use of Anglican language is in no way intended to exclude others. I refer back to Bomford, who writes that 'the language of the mystics is the deepest level of religious language and is shared by many faiths'. God has been described as inconceivable. I believe, as a woman, that it is time for us to be prepared to conceive of God, and *with* God, following the example of Mary, who conceived God to be born as a model for mankind.

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