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Whether and How Freudian-trained Psychoanalysts Work with Patients' Feelings and Thoughts About God, Religion, Faith and Spirituality

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Abstract

This study sought to learn whether and how psychoanalysts who trained at an institute with a curriculum based on Freud explore their patients' religious beliefs, and how much they adhere to his theories about religion. Freud said belief in religion was a universal neurosis to be analyzed or outgrown. Psychoanalytic authors have written of the lingering impact of his dismissal of religion and its chilling effect on clinicians' work. Yet other authors have described their work with patients who struggled with God or faith.

Psychoanalyst members of a New York institute whose curriculum does not include courses on working with patients' material about God, religion, faith and spirituality were surveyed; 211 received the survey, 47 completed it. While 74.47% were not trained to explore patients' material about faith, nearly all said they felt prepared to work with this topic. Over 80% acknowledged post-training education, relying on theorists beyond Freud. Over half the respondents acknowledged the importance of Jung's concept of the Self despite its conflict with Freud's structural theory. Two-thirds reported they had had numinous experiences.

There were significant positive correlations between respondents' religiosity and their ability to explore patients' faith. There were significant positive correlations between how religious the respondents were and how often patients talked about God. And 93.48% of the respondents said spirituality is important, indicating their openness to hearing patients talk about spirituality.

Respondents' answers to open-ended questions provided anecdotal evidence that their practice doesn't hew to Freud. Their answers revealed a sensitivity when patients spoke about God, and

some indicated they extensively explored patients' feelings and beliefs. Other respondents, perhaps influenced by Freud, said religion was private within psychoanalytic practice.

Author's Acknowledgements

The seeds of this project were planted 40 years ago this year, when I became a congregant at Congregation Emanu-El in New York and began learning about life and Judaism from three rabbis, David Posner (z"l), Linda Henry Goodman and Amy Ehrlich. As I learned from them, I felt gratitude to Hebrew Union College, where they studied and trained; I wished that I could study there someday. So, four years ago, when Dr. James Holmes, my mentor as I became a psychoanalyst and teacher, broached the idea of my enrolling in HUC's Doctor of Ministry program, I had no hesitation, only excitement and anticipation.

I could not have known the DMin program would have as profound an impact on me as my 12 years of psychoanalytic training did. It has brought me peace about my struggles with faith and enabled me to love others' faith. For that I have such gratitude to my theology professors, Rabbi Seth Bernstein and Rabbi Bennett Miller, and my integrative professors, Rabbi Richard Address, Rev. Ann Akers and Rabbi Dan Danson. My four classes with Rabbi Bernstein were among the most exemplary learning experiences of my life.

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This project is dedicated to Dr. Jessica Mitchell and Dr. Wynd Harris, my advisors

and now my colleagues and friends

and to the blessed memory of Rabbi David M. Posner,

my husband, Martin Sutphin

and my father, Horst Rosenberg

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NEEDS STATEMENT

What is the suffering?

Psychoanalysts who study in Freudian-based training programs can go through years of schooling without any discussion of patients' religion, faith or spirituality and how this material should be explored. That was my experience throughout the 12 years that I was in Freudian-based training. I cannot recall anyone, neither my instructors nor my fellow students, ever referring to a case where God or a patient's faith was explored.

I never thought there was a problem with this omission. Although I don't consider myself a classical Freudian analyst at all, I did embrace his theory, expressed in his work *The Future of an Illusion* (1927), equating religion with neuroses. At different points in the work, Freud calls religion "fairy tales" (p. 29) or a "problem" (p. 23). I did not look upon religion in a judgmental way as Freud did, but I did see faith in God as a person's search for an ever-present father representation, or as an overarching superego that demanded compliance. As a borderline atheist, perhaps like Freud, I felt separate from those who believed in God, including my patients.

I have plenty of company in the analytic community; many, if not most, Freudian institutes' training has left us with no understanding of how to explore what can be a fundamental part of many patients' lives. In my experience, many analysts didn't try to fill that void on their own after graduation. Cataldo (2019) described clinicians as being at a loss when patients bring

religious or spiritual material to a session. Her description of their predicament resonated with me:

> Many of us tend to run for the theoretical hills, to reduce the patient's religious experience to the most personally comfortable theoretical denominator, whether that is a defense against anxiety, an early object-relationship, a selfobject experience, or an avoidance of immediate interpersonal reality (p. 113).

I have lived the consequences of the deficit Freudian-based analysts can have about religious or spiritual exploration. I did not know for the first 20 years-plus of my practice that my views about religion, faith and God were affecting my countertransference – my own emotions during an analytic session -- and how I worked with patients. And I am sure I resisted that knowledge.

About 15 years ago, I had a patient who was a fundamentalist Christian. Even as I agreed in large part with what Freud might say about this young man's faith, I knew instinctively that I should not try to reduce my patient's beliefs, including his anger at Jesus, to a neurotic symptom as we worked. But I felt hamstrung and clueless as I tried to explore his feelings. He stayed with me just a few months, then said he wanted to work with a Christian counselor; I am Jewish. I am sure he unconsciously sensed that I was uncomfortable in my own skin when we talked about religion, which we did in just about every session. And I had no idea how to help a patient understand their faith and beliefs from a more theological perspective. I believe my uneasiness was a factor in his deciding to leave and work with someone else.

This has from time to time caused me to wonder, how should one work effectively with someone whose beliefs are so different from their own?

Where is the need?

I have not been, as Cataldo's paper indicates, alone in my feelings of helplessness and utter lack of knowledge when it comes to patients and religion. But I believe the problem goes beyond analysts' inability to explore when patients bring God or religion into a session. I learned from my pastoral counseling studies that a patient doesn't have to mention God by name for thoughts and feelings about God to be present in a session or encounter. There are many times that patients make unconscious references to God, and what some authors (Rizzuto, 1979; Corbett, 2021) have referred to as "God images."

I learned from Kalsched (2013) that patients who suffered trauma early in their lives have reported that "an essential part of themselves has retreated into a spiritual world …" (p. 9). Analysts have also found God or God representations in their patients' lives, dreams, associations (Kalsched; Grotstein, 2000).

I also found in researching this project that even the well-known analyst Langs (2009) couldn't discern any religious associations from patients – and even denied their existence -- until he allowed himself to find a connection between Buddhism and his work (p. 86).

I am certain that I, like Langs, have continually missed patients' religious associations. And given that my instructors and colleagues haven't in my presence discussed patients' religious or spiritual associations or images, I believe I can assume they have missed such associations and

images as well. And I believe this deficit exists among analysts who trained at the many institutes across the United States whose curricula also made no reference to religion or spirituality.

My two years in a pastoral counseling program, and its focus on the spiritual and religious subtexts that counselees bring into meetings with clergy and counselors, began to fill the deficit in my analytic training. But the class discussions and literature I read left me wondering about how to work with religious and spiritual material during an analytic session. I still have questions: If I sense the presence of God images in a patient's associations, should I interpret them as such? Should I broach the topic of God, or mention a biblical passage, even if the patient isn't talking manifestly about God? Can I do this even if I have no sense of whether a patient has faith?

My questions have led me to this project. I am wondering about the void about God and religion that still exists in a great swath of the analytic community, and how many analysts have overcome – or maybe never even fell into – that void.

My colleagues and I are continually learning from each other how to approach or talk about various subjects and situations with patients. We also read journals and books and attend conferences and talks; the information they generate are our guides as we work. I believe the research that will go into this project will produce information to guide psychoanalysts as they work with patients' emotions about God and religion.

I believe this project will 1. help those who struggle with how to explore patients' beliefs and feelings about God and religion, and 2. perhaps convince those who don't grasp their patients' associations about God and spirituality that they should be more attuned to the possibility that patients may in fact be talking about matters of faith.

Jones (1991) has told us that a patient's beliefs and feelings about religion, faith and spirituality should be explored in the same way as the rest of their narrative (pp. 65-67). But, as I have learned, when an analyst is at sea about how to even begin a conversation with a patient, or doesn't have a sense of what questions to ask, that exploration can seem impossible. I believe the answers my research will yield could give analysts an alternative to the flight into theory that Cataldo describes. Rather than flee, they might accompany their patients and explore with interest.

I now know from my own experience that analysts need to understand their countertransference about religion and God as well as their patients' religious attitudes and beliefs. Without that understanding of their own dynamics, analysts might be technically correct but unempathic as they explore matters of faith. I was uncomfortable and felt like a fish out of water when anyone, in or outside of my office, began discussing religion. It wasn't a part of my life; it was something I was to a large extent excluded from in childhood, and that I continued to exclude myself from as I went through life. And I realize how unavailable I was in part to my patients – there was no way I would be able to sense or perceive spirituality or God images. Kalsched's mytho-poetic (p. 4) approach to trauma, and attitudes and beliefs held by theorists he discussed (pp. 187-213), were not only completely alien to me, but I also would have

rejected them. How unattuned I must have been to some of my patients until the Doctor of Ministry program led me to an acceptance of spirituality and faith even as I might still struggle with it myself.

The idea of not exploring faith, spirituality, religion, or a patient's relationship with God because of the analyst's countertransference is at this point to me equal to not exploring the history of abuse that a trauma sufferer has endured. Some writers (Rizzuto, 2013, p. *x*; Cohen, 2019, p. 106) bluntly say that to not explore these topics is to ignore part of a patient's life.

I believe that, along that line, this project could consider why analysts don't explore religion, or why they don't raise the subject of God or faith themselves if it's germane to an analysis. Perhaps we might understand that an adherence to Freud's theory may be as much emotional resistance as it is intellectual orthodoxy.

I believe the project also needs to explain to analysts why spiritual and religious exploration matters. Those analysts who routinely make these explorations can tell us the impact that this part of the work has on an overall treatment. This would help answer the second need that I raised above – why faith, religion and God matter, not only to patients but to the work they do with their psychoanalysts.

Literature Review: A History of the Relationship Between Psychoanalysis and Religion

God, religion and faith have been a presence and a source of disagreement in psychoanalysis and psychoanalytic literature since the field's infancy. Sigmund Freud attempted in his work *The Future of an Illusion* (1927) to equate religion with a psychic disturbance to be worked out through psychoanalysis:

> Religion would thus be the universal obsessional neurosis of humanity; like the obsessional neurosis of children, it arose out of the Oedipus complex, out of the relation to the father. If this view is right, it is to be supposed that a turning-away from religion is bound to occur with the fatal inevitability of a process of growth, and that we find ourselves at this very juncture in the middle of that phase of development (p. 43).

Analytic writers (Madonna, 2018, p. 129; Meissner, 2009, p. 212; Sorenson, 1994, pp. 631, 636) have cited *The Future of an Illusion* as one of the origins of the reluctance among Freudian-trained analysts to explore patients' religious beliefs and spirituality. But Freud was exploring the relationship between religion and the psyche long before he published that often-cited work.

Freud's life and religion

Freud's biographer Peter Gay (1998) noted that in a 1907 essay titled *Obsessive Actions and Religious Practices,* Freud "had discovered blatant resemblances between the 'ceremonies' and 'rituals' so necessary to the obsessive neurotic and the observances that are an essential

ingredient in every faith" (p. 526). Freud was already categorizing religion as a neurotic symptom.

Freud's life story reflects and likely contributed to his rejection of religion. Gay (1987) noted that Freud "advertised his unbelief every time he could find, or make, an opportunity" (p. 3). One of these opportunities came, Gay noted (p. 37), in a letter Freud wrote his friend Oskar Pfister. Freud (1963) asked about the development of psychoanalysis, "Why did it have to wait for a completely godless Jew?" (p. 63).

Freud (1925) was born in 1856 to a Jewish family in Moravia and grew up in Vienna (pp. 7-8), living in a society where anti-Semitism was common. His father, Jacob, had been born into a religious family but in adulthood lived a more secular life (Gay, 1998, p. 6). Sigmund Freud, who did identify as a Jew ethnically (Gay, 1998, p. 6), recalled (Freud, 1900) hearing about an anti-Semitic attack on his father, a story that affected him deeply. Jacob told him that a Christian had knocked his cap off and told him to walk in the muddy street rather than the pavement. Sigmund was aware of his father's vulnerability, calling Jacob's actions "unheroic" (p. 197).

The story had a deep impact on the son's sense of his father. Bergmann (1995) said the story caused Freud to lose his idealization for his father (p. 247). But Bergmann supplied some historical context as well; what happened to Freud's father was a common way for Jews to be mistreated in nearby Germany before the early part of the nineteenth century (p. 248). Assuming that Sigmund was aware of that fact, he may well have seen Jews in general as

equally unheroic and wanted consciously as well as unconsciously to distance himself from the religion he was born into.

Freud may have had other reasons to distance himself from his father, and in turn, his father's religion. Gay (1998) wrote that Jacob might have been involved in a counterfeit money scheme that sent Jacob's brother Josef to prison (p. 8). And authors including Howell and Itzkowitz (2016, p. 27) and Masson (2012, p. 379) have noted that Freud understood that his father had sexually molested his siblings. Freud (1985, pp. 230-231) revealed this in a letter written February 8, 1897 to Wilhelm Fliess, saying:

> Unfortunately, my own father was one of these perverts and is responsible for the hysteria of my brother (all of whose symptoms are identifications) and those of several younger sisters. The frequency of this circumstance often makes me wonder (pp. 230-231, parentheses original).

Freud (1925) related that when he attended the University of Vienna, he was expected to feel inferior because he was a Jew: "I was made familiar with the fate of being in the Opposition and of being put under the ban of the 'compact majority'" (p. 9). Gay's (1998) biography reported that anti-Semitism was responsible in part for the years-long delay in Freud's being given a professorship (p. 139).

Freud (1925) said he refused to submit to the demands of subservience (p. 9), but authors who have studied him believe the hatred he felt in his early years still had an impact on him and his feelings about his family's religion as he went through life and developed his theories. Salberg

(2010) wrote, “we can only wonder if in his unconscious there is already an association with Jewishness and shame” (p. 9).

Freud may also have consciously decided to keep religion out of his theory – for a Jew to speak of religion in Austria in the late 1800s and early 1900s was likely to invite condemnation of his theory and himself as a clinician. Salberg wrote:

> While continuing on his father’s path toward assimilation, Freud was clearly concerned that his creation, psychoanalysis, not be considered a “Jewish” science dooming it to anti-Semitism, hatred or oblivion (p. 19).

The path to *The Future of an Illusion*

As a physician, Freud was inclined toward science, not theology. He had to be – he was part of a community of physicians and scientists. He was seeking acceptance in the medical and scientific community of his psychoanalytic theory, a theory he couldn’t prove with traditional scientific methods. As he began his *Introductory Lectures on Psychoanalysis* in 1916, he told his audience, “I will show you how the whole trend of your previous education and all your habits of thought are inevitably bound to make you into opponents of psycho-analysis …” (p. 15).

Even if Freud had been inclined to validate religious beliefs in psychoanalytic work, he needed to try to reduce the risk of rejection at the hands of his colleagues. In the process, he rejected the theories and beliefs about religion of some of his contemporaries including the psychologist, physician, philosopher, and psychotherapist Pierre Janet, whose theories about the psyche

greatly influenced Freud at the start of his work, and the psychologist and philosopher William James. But Freud was aligned with another of his theoretical mentors, the neurologist Jean-Martin Charcot, who had a positive view of the connection between religion and the psyche (Janet, James and Charcot and Freud's connection to them will be discussed in the next section of this paper).

While one might argue that Freud sought to protect his work by distancing it from Judaism as well as other religions, it was nonetheless natural for him to formulate a psychoanalytic explanation for faith and religion. Freud continually used his psychoanalytic theory in works including *Totem and Taboo* (1913) *and Civilization and its Discontents* (1930) to satisfy his intense curiosity about why people, groups, societies and cultures do the things they do (Paul, 1991, p. 267).

In *The Future of an Illusion,* Freud spelled out the helplessness that people feel, and their need for the strength of their fathers to protect them. He wrote:

> 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 (p. 24).

And while Freud said he wasn't arguing in favor of taking religion away from people, without it, he said, they would "have to admit to themselves the full extent of their helplessness and their insignificance in the machinery of the universe; they can no longer be the centre of creation, no longer the object of tender care on the part of a beneficent Providence" (p. 49).

Still, he called religion "the universal obsessional neurosis of humanity," akin to the obsessional neurosis that survives the Oedipal conflict. With psychic growth, he believed, an individual could turn away from religion (p. 43).

The Future of an Illusion was published two decades after *Obsessive Actions and Religious Practices.* The long gap is interesting, but it should also be noted that *The Future of an Illusion* was written as Freud was enduring painful treatment for cancer of the jaw diagnosed in early 1923 (Gay, 1998, p. 418). He was in an extended period of great physical and therefore emotional suffering. According to Gay, Freud lambasted *The Future of an Illusion* after its publication. While Gay reported that Freud tended to criticize his work, even *The Interpretation of Dreams* (1900), he launched a particularly vehement attack on *The Future of an Illusion,* calling it "childish" and "feeble analytically" (Gay, 1998, p. 524). At the time, Gay noted, Freud was in a dark frame of mind, suffering not only from cancer, but also self-loathing (p. 537).

Freud's inspirations – and theoretical rivals

Freud did not theorize or write in a vacuum. A voracious reader and lifelong learner, he was influenced throughout his psychoanalytic explorations by classical sources including Plato (Bergmann, 1982, p. 93) and Sophocles, whose *Oedipus Rex* helped inspire Freud's Oedipal theories -- Freud mentioned the tale of Oedipus in a letter to Wilhelm Fliess written October 15, 1897 (Freud, 1985, p. 272). Freud was also influenced by philosophers including Kant (Freud, 1915, p. 171), by Shakespeare (Freud, 1938, p. 192) and scientists including Darwin (Freud, 1875, p. 128). Indeed, as his biographer Gay (1998) noted, in *The Future of an Illusion,* Freud

told his readers that he was telling them nothing that other, more impressive thinkers hadn't already written. While he did not name them, Gay said, "they are easy to supply: Spinoza, Voltaire, Diderot, Feuerbach, Darwin" (p. 528).

Freud (1925) knew of the work of William James, the philosopher and psychologist, and mentioned a meeting with him that "made a lasting impression on me" (p. 52). But he and James did not agree on a number of topics, including psychology and religion.

James, writing in 1902, five years before Freud's essay *Obsessive Actions and Religious Practices*, took issue with what he called medical materialism, a line of thought that he contended reduced spiritual belief and behavior to organically-caused maladies (James, 2021, p. 6). According to James, some psychologists could also be guilty of that line of thinking, believing, "there is not a single one of our states of mind, high or low, healthy or morbid, that has not some organic process as its condition" (p. 7). But, those states of mind could include atheism as well as religious belief, he said (p. 7).

James found an illogical denigration of the spiritual and religious mind in those theories, and noted that in the fields like science and industrial art, "it never occurs to anyone to try to refute opinions by showing up their author's neurotic constitution" (p. 8). The medical materialists' problem may have been the widely-held belief that a religious state of mind was considered to have what James called superior spiritual value. He chided those theorists:

> Few of us are not in some way infirm, or even diseased; and our very infirmities help us unexpectedly. In the psychopathic temperament we have the emotionality which is the

> sine qua non of moral perception; we have the intensity and tendency to emphasis which are the essence of practical moral vigor; and we have the love of metaphysics and mysticism which carry one's interests beyond the surface of the sensible world. What, then, is more natural than that this temperament should introduce one to regions of religious truth, to corners of the universe … (p. 12).

James separately found a connection between religion and some of the psychologically oriented theories of his day. He noted "the apparent existence, in large numbers, of minds who unite healthy-mindedness with readiness for regeneration by letting go" (p. 54), a spiritual or religious process he described as "giving your little private convulsive self a rest, and finding that a greater Self is there" (p. 53). He cited as an example the New Thought movement, which sought mind healing based on religious beliefs. James quoted from Horatio Dresser's discussion of the New Thought movement in *Voices of Freedom*:

> The time will come when in the busy office or on the noisy street you can enter into the silence by simply drawing the mantle of your own thoughts about you and realizing that there and everywhere the Spirit of Infinite Life, Love, Wisdom, Peace, Power, and Plenty is guiding, keeping, protecting, leading you (James, p. 54).

James then wrote, "I should like to know, does this *intrinsically* differ from the practice of 'recollection' which plays so great a part in Catholic discipline?" (p. 55, italics original). This was a sense of religion and spirituality that could not be permitted within Freud's more scientific theory. Freud was likely rebuking James and others in *The Future of an Illusion.*

In the early years of Freud's work, he was very much influenced by the French psychologist Pierre Janet, who wrote of his patients' dissociation, or inability to integrate traumatic events, emotions or thoughts (van der Hart, 2016, p. 44). Freud and Josef Breuer, in their landmark *Studies in Hysteria* (1893), referred to Janet's "remarkable findings" (p. 12) in his work. In their own cases reported in their book, Freud and Breuer explored the dissociation of their patients.

However, Freud soon broke with Janet, favoring his evolving seduction theory over the theory of dissociation; Freud's theory, the premise of his work *The Aetiology of Hysteria* in 1896, attributed the development of neuroses to sexual seduction in childhood.

Janet and Freud also differed greatly about religion. According to Ellenberger (1970), Janet sought to understand the meaning of God and religion in each patient:

> The characteristic of a god (or spirit) is to be anthropomorphic, invisible, powerful, and to have a special function that no ordinary human being could perform. These functions vary with the needs of the worshipper (p. 397, parentheses original).

While Freud saw religion as the outgrowth of a near-universally suffered neurosis, Janet saw an evolution in how mankind collectively viewed and needed gods. In Horton's (1924) report of Janet's lectures on religion, he wrote that Janet saw "the gods becoming more and more inextricably involved in all man's efforts and aspirations, and assuming higher and nobler functions as man's moral nature evolves" (p. 31). Originally, Janet believed, gods were to be feared, but over time a single god became a general from whom people sought direction and guidance; later, the god became the receiver of prayers for all kinds of help and gifts (p. 31).

Horton wrote, "[f]inally comes the period when, taught by experience, the worshipper asks only for spiritual goods: 'Give me moral strengthening'" (p. 31).

Horton summed up Janet's sense of the purpose of religion and spirituality: "What are the psychological motives of this quest of a spiritual ally? They are very simple: the craving for direction and the craving for love" (p. 31). While one might argue that Janet and Freud both saw parental images in the notion of worshipping God, Janet saw patients finding a source of strength in life while Freud saw something that needed to be cured.

The neurologist Jean-Martin Charcot was another influence on Freud, who was a student of Charcot's in 1885 (Freud, 1925, p. 12). Charcot had begun working with cases of hysteria more than 20 years before Freud and Breuer published *Studies in Hysteria* (Ellenberger, p. 90, pp. 97-101). Freud (1925) wrote of Charcot, who he called "a great man":

> "No doubt not the whole of what Charcot taught us at that time holds good to-day: some of it has become doubtful, some has definitely failed to withstand the test of time. But enough is left over that has found a permanent place in the storehouse of science (p.13).

But Charcot was also interested in the impact that religious belief had on illness. He studied patients who had gone to Lourdes and returned healed, and wrote in a paper called "The Faith Cure" (1893) that hysterical patients were inclined to be receptive to external suggestion, but more likely auto-suggestion:

> With these persons, male or female, the influence of the mind over the body is strong enough to produce the cure of maladies which the lack of knowledge of their true nature, which prevailed not so long ago, had caused to be regarded as incurable (www.trove.nla.gov.au).

Charcot did not see faith as something to be cured; rather, he accepted it as a psychic phenomenon serving a valuable function for some of his patients.

Disciples, then exiles

As Freud's theories became known, young prospective psychoanalysts sought to meet him and become his disciples, among them, Otto Rank and, more famously, Carl Jung. Both had tumultuous relationships with Freud as they developed their own ideas and theories about the psyche, including the place of religion in the psyche, and psychoanalysis. And both were exiled by Freud as he needed to keep his theory safe from the taint of religion.

Rank and Freud met in 1905, the year before Freud and Jung began their relationship (Lieberman, p. 101**;** Gay, 1998, p. 197), Unlike Jung, who broke with Freud – and vice versa – in 1913 (Gay, 1998, p. 236), Rank had a schism followed by a rapprochement with Freud, but that reconciliation ended with their final split in 1926 (Lieberman, p. 396**;** Gay, 1998, pp. 477-482, 484).

Rank strayed from Freud as he believed that the trauma of birth was at the root of neurosis, not the Oedipal conflict that Freud believed in, and by the mid-1930s, Rank had completely rejected Freud's theory (Cooper-White, 2018, p. 155). But another radical departure from Freud came as

Rank increasingly wrote about spirituality and faith, which he saw as integral parts of the psyche. In *Psychology and the Soul* (1950), whose very title puts Rank at odds with Freud, Rank wrote of the unconscious:

> Yet the unconscious contains more than past reality, since part of it is as unreal or supernatural as the soul has always been. Originally, the soul was a purely inner, spiritual, and supernatural entity which became a matter of externals only at the hands of scientific psychology (pp. 3-4).

As Rank (1952) described the psychoanalytic process and the interactions between analyst and patient in *The Trauma of Birth*, he said also, "the patient is right, because the Unconscious -- although by means of pathologic distortion -- speaks through him as it has spoken formerly through the mouths of geniuses, prophets, founders of religions, artists, philosophers, and discoverers" (p. 2).

Barbre (2003) described Rank's great curiosity and creativity as he developed his theories, including the impact of birth trauma on psychic development, and noted that it was clear that Freud was initially pleased with his protégé's explorations. But Rank was threatening Freud's increasingly accepted theories that focused more on the Oedipal fear of the father, and, Barbre wrote, "Rank's creative act of writing *The Trauma of Birth* was construed as a challenge …" by Freud (p. 13). Rank's open-minded approach to theory was unforgiveable as Freud sought to keep his theories safe from outside interference.

Rank doesn't appear to be widely read by psychoanalysts. The PEP-Web, an online database of psychoanalytic books and journals, lists 56 works written or co-authored by Rank, many of them in German. That compares with more than 2,800 for Freud (and 223 for Jung, with many of those works letters to Freud).

The reason for that disparity may be because Rank's theories don't help many analysts in their work. Menaker (1982) wrote:

> Rank speaks of religion as mankind's creative attempt to deal with the universal problem of human suffering and conflict. Unlike Freud, for whom religion was an infantile, regressive escape from the "realities" of life, Rank views it positively as a spontaneous mass therapeutic phenomenon which derives inevitably from the nature of man's being in the world (p. 16).

Theologian Matthew Fox (2011), who called Rank a mystic and a prophet, described Rank as having interfered with psychology – an assessment Freud might agree with:

> Indeed, Rank combines his mysticism with his prophecy in the very title of his last work, *Beyond Psychology*. For prophecy – interference -- and mysticism -- experience of transcendence or the "beyond" -- both take us *beyond psychology (Italics original,* https://www.matthewfox.org/blog?offset=1297595235000).

Jung and Freud

The relationship between Freud and Jung began as a mutual admiration society, with Freud's regarding his younger colleague as his heir apparent (Gay, 1998, pp. 197-225). Jung was well

aware of the differences between their theories including Freud's focus on early sexual trauma, but Jung chose to at least publicly downplay them in hopes of nurturing his connection with Freud. Gay wrote:

> Still, in 1906, Jung maintained that "all these things are of secondary importance"; they "completely disappear before the psychological principles whose discovery is Freud's greatest merit" (p. 199).

But Jung's belief in his theories coupled with Freud's need for his own body of work to be the pre-eminent theory of psychoanalysis eventually led to the bitter schism between the two.

Jung's sense of the psyche, and in turn about the place of religion in the psyche, was in complete opposition to Freud. Jung (1959, Part 1) believed there is a collective unconscious that we all share, and within that unconscious are archetypes:

> The concept of the archetype, which is an indispensable correlate of the idea of the collective unconscious, indicates the existence of definite forms in the psyche which seem to be present always and everywhere (p. 42).

As Edinger (1972) noted of Jung, "[t]hrough his researches, we now know that the individual psyche is not just a product of personal experience" (p. 23). That is an antithesis of what has been taught to Freudian-trained analysts.

But another overarching difference between Jung and Freud was the fact that Jung's theory was imbued with religion and faith. As this literature review has found, Jung's theology was

inseparable from his psychoanalytic theory. That was also in complete opposition to his mentor's belief and theories.

The differences between the two men started at birth. Jung's father and maternal grandfather were both Swiss Reformed ministers (Stein, Ed., 1999, p. 6); God was very much a presence in his childhood, unlike Freud's. But it was during Jung's childhood, when he struggled with proof of God's existence, "[s]uddenly I understood that God was, for me at least, one of the most certain and immediate of all experiences" (Jung, 1961, p. 81). Because he did not reject the notion of God, Jung did not try to analyze it away in his patients. To Jung (1958):

> The goal of psychological, as of biological, development is self-realization, or individuation. But since man knows himself only as an ego, and the self, as a totality, is indescribable and indistinguishable from a God-image, self-realization—to put it in religious or metaphysical terms—amounts to God's incarnation. That is already expressed in the fact that Christ is the son of God (p. 156).

Furthermore, he said, "Christ exemplifies the archetype of the self. He represents a totality of a divine or heavenly kind, a glorified man, a son of God *sine macula peccati*, unspotted by sin" (Jung, 1959, Part 2, p. 36, italics original).

The Self, at the core of Jung's psychoanalytic theory, according to Edinger "is most simply described as the inner empirical deity and is identical with the *imago Dei*" – the image of God (p. 24, italics original). Edinger also noted that "the richest sources for the phenomenological

study of the Self are in the innumerable representations that man has made of the deity" (p. 24).

Jung's *Psychology and Western Religion* (1984) contains essays about the origins in early Christianity and ancient Greece and the meanings of the Trinity. Jung noted the psychological importance of the Trinity, including support for a psychological interpretation of the Trinity in a book from the Middle Ages, the *Liber de Spiritu et Anima*: "The argument starts with the assumption that by self-knowledge a man may attain to a knowledge of God" (Location 789). He also said of the Trinity:

> [A]nyone who has experienced how closely and meaningfully these representations collectives are bound up with the weal and woe of the human soul will readily understand that the central symbol of Christianity must have, above all else, a psychological meaning, for without this it could never have acquired any universal meaning whatever, but would have been relegated long ago to the dusty cabinet of spiritual monstrosities … (Location 105).

But Jung's theory also embraced the very human experience of religion and spirituality; because the Self is the equivalent of the image of God, then all parts of the Self can have a spiritual or perhaps God-like quality or connection.

Jung adopted the concept of the numinous developed by theologian Rudolf Otto (1923). To Otto, a numinous experience was transcendent, accompanied by feelings and images that can range from gentleness to spasmodic and convulsive, from excitement and ecstasy to grisly

horror. “It has its crude, barbaric antecedents and early manifestations, and again it may be developed into something beautiful and pure and glorious. It may become the hushed, trembling and speechless humility of the creature in the presence of— whom or what? In the presence of that which is a mystery inexpressible and above all creatures,” Otto wrote (Location 434).

Corbett (1996) noted that numinous experiences frequently occur or are reported during the course of psychotherapy and take many forms including dreams, waking visions, body experiences, within any kind of relationship, in the course of creative work or even a walk out in nature (pp. 14-15).

Corbett quoted from a letter Jung wrote: “[T]he fact is that the approach to the numinous is the real therapy and inasmuch as you attain to the numinous experiences you are released from the curse of pathology” (p. 13). And Corbett put Jung’s theory in the context of the history of psychoanalytic theory and its roots:

> We should be aware that Jung’s theory of the healing power of the numinosum is actually a religious theory, and those of us who adhere to it, rather than practising psychotherapy in a purely secular manner, are returning the care of the psyche to the province of spiritual practice, as was the case in antiquity (pp. 13-14).

Jung (1963) also likened the process of psychoanalysis to alchemy – an interesting analogy given that alchemy has been seen as unorthodox when compared to chemistry, much as Freud and his followers have viewed Jung’s version of psychoanalysis. “We can see today that the entire

alchemical procedure for uniting the opposites, which I have described in the foregoing, could just as well represent the individuation process of a single individual … " Jung wrote (p. 555).

Edinger (1994) continued the analogy:

> What makes alchemy so valuable for psychotherapy is that its images concretize the experience of transformation that one undergoes in psychotherapy. Taken as a whole, alchemy provides a kind of anatomy of individuation (p. 2).

Jung began developing his theories before he met Freud and didn't abandon them during their relationship, instead minimizing the differences between himself and Freud (Gay, 1998, p. 199). Jung wasn't deterred when Freud disputed Jung's spiritual interpretation of his cases and instead took his own psychosexual view of patients' pathology (Kalsched, 2013, p. 257).

But the disagreements between the two over time became more vitriolic and then led to a bitter split.

The schism

The reasons for the break between Freud and Jung, which occurred just six years after they met, were complex and grew out of their differing theories and philosophies (Gay, 1998, pp. 225-243). There were also political undertones involving the International Psychoanalytic Association. And there was a personality clash because Freud, who over the years broke with Rank and other associates including Alfred Adler (Gay, 1998, pp. 220-223), could not tolerate dissent from his followers.

While Jung challenged Freud's bedrock theories, Jung's belief that faith and religion should be explored in the course of psychoanalytic work simply could not be borne. Gay, in describing the end of the two psychoanalysts' friendship, said of Freud:

> [He] criticized Jung for being gullible about occult phenomena and infatuated with oriental religions; he viewed with sardonic and unmitigated skepticism Jung's defense of religious feelings as an integral element in mental health. For Freud, religion was a psychological need projected onto culture, the child's feeling of helplessness surviving in adults, to be analyzed rather than admired (p. 238).

Corbett and Cohen (1998), who analyzed the split between Freud and Jung from the perspective of Kohut's self psychology theory, found that narcissistic injury drove Freud to break from the series of associates including Breuer, Adler and Rank as well as Jung: "As Freud's theory itself began to serve a selfobject function for him, he perceived criticisms of the theory as attacks on the self" (p. 309).

But Corbett and Cohen said Jung was also in need of a selfobject (defined by Socarides and Stolorow, 1984, as "an object that a person experiences as incompletely separated from himself and that serves to maintain his sense of self" p. 105) and he needed Freud to be that selfobject (Corbett and Cohen, p. 317). It was impossible for the two men, given their disparate views on theory, to fulfill that role for each other. Corbett and Cohen wrote of Freud: "he was afraid of the increasingly spiritual turn of mind that he detected in Jung; he wanted Jung to be more

reductive, as he himself was" (p. 323). When Jung failed to be Freud's mirror, "an unforgiving, persistent, narcissistic rage resulted" (p. 316).

After their split, Jung went on to build and develop his theories about religion and spirituality. And 14 years after the end of the Freud/Jung friendship and alliance, Freud published *The Future of an Illusion.* Each of these geniuses had a large following, but each also inspired succeeding generations of psychoanalytic writers to develop their own theories about religion and spirituality – even as Freud's influence against accepting faith as an integral part of the psyche has persisted at many training institutes.

Object relations theory: a window into the soul

Although classical Freudians as a group may have held to Freud's views on religion, the development of derivative theories over the past few generations have allowed and encouraged many analysts to explore patients' religious beliefs and spirituality. And some theorists have found spirituality and images and symbols of God in patients' unconscious material.

Object relations theory, which has its roots in Freud's theory – including his theory of the Oedipal conflict – has been a fertile ground for theory that recognizes a link between psychoanalysis and religion. According to Pine (1990), in object relations theory "the individual is seen in terms of an internal drama, derived from early childhood that is carried around within as memory (conscious or unconscious) and in which the individual enacts one or more or all of the roles …" (pp. 34-35, parentheses original). The drama grows out of a child's relationship with

caregivers; as will be explained further in this paper, those relationships can mold or influence a person's concept of and belief in God.

The actors in the drama that Pine described have varying names (which one is used depends on the viewpoint of a given theorist) including internal objects, illusory others, introjects, personifications and constituents of a representational world (Greenberg and Mitchell, 1983, p. 11). They may also be called representations.

Kalsched (2013) wrote that patients who had suffered trauma early in life and were dissociated lived in two worlds, one of them an inner world with what he called mytho-poetic representations – spiritual and religious symbols that protect them but, when explored in psychotherapy or psychoanalysis, tell the story of their pain (pp. 6-10). "[T]rauma survivors often have a deep understanding of a sacred world that sustains them, even in the most depriving and abusive of human environments," he wrote (p. 5). Kalsched found that some theorists who were part of the evolution of Freudian-based theory nonetheless understood that patients who had suffered trauma found a spiritual sanctuary within their own psyche – a very different attitude from Freud's, which regarded their dynamics as something negative. Among those Kalsched studied: Fairbairn, Modell, Symington and Grotstein (pp. 187-213).

A cornerstone of object relations theory developed by Melanie Klein is that infants internalize representations not of an entire caregiver – the object – but rather part objects that are good or bad (Greenberg and Mitchell, p. 125). Infants and children cannot perceive of their parents and others as whole, integrated people. Fairbairn (1990) further theorized that infants, in internalizing bad objects, unconsciously see themselves as bad: "[T]he child would rather be

bad himself than have bad objects" (p. 65). Kalsched viewed Fairbairn's theory as portraying an inner world that is mostly persecutory (p. 190); the mytho-poetic representations in this inner world are the dark side of spirituality.

While Fairbairn did not describe his theory in spiritual terms, others have -- although they haven't espoused, as Jung, James, Charcot and Rank did, a connection between religion and psychology or psychoanalysis. Bollas (2019) wrote of the patient's internalized early objects having spectral qualities:

> [H]e has a sense of creating something else out of the actual object world, of spiriting the essence of self and other states to this alternative world, where former self and others live on like spirits or ghosts (p. 88).

Modell (1993) described what he called a space where a traumatized or tortured soul could find safety; he called it a private self, an extension of the self: "For those whose actual world is abhorrent, this capacity to create an alternative inner world may be the only means of self preservation" (pp. 76-77). Modell compared the private self with the soul – having referred to "the Platonic and early Christian idea of a soul [that] refers to that part of the psyche that is private and communicates only with God" (p. 62, brackets supplied). Modell wasn't alone in this association; Shengold (1989) earlier wrote a classic of modern psychoanalytic literature, *Soul Murder,* describing the impact of childhood abuse on the psyche.

Modell's idea of the private self was appealing yet appeared disappointing to Kalsched, who said Modell "acknowledges a mytho-poetic aspect of the inner world but does not develop this idea" (p. 197).

One of the great differentiating features of these theorists versus Freud is that while Freud believed religion and faith were something that needed to be analyzed out of existence, Bollas and Modell saw a part of the psyche that is a retreat or refuge. That place of sanctuary is absolutely spiritual in nature.

Bion and his followers

Wilfred Bion was schooled in the object relations tradition begun by Melanie Klein, who was his analyst as he trained in psychoanalysis (Bleandonu, 1994, p. 96). He went on to create a theory of psychoanalysis that James Grotstein (1996), one of Bion's followers, described as a "new 'mystical science of psychoanalysis,' a numinous discipline based on the abandonment of memory, desire, and understanding" (p. 111).

Bion developed a concept called "O," technically an empty circle. He described O (1970):

> [It] is the ultimate reality represented by terms such as ultimate reality, absolute truth, the godhead, the infinite, the thing-in-itself. O does not fall in the domain of knowledge or learning save incidentally; it can be 'become', but it cannot be 'known'. It is darkness and formlessness … (p. 26).

Psychoanalytic writers have defined O in varying ways. To Grotstein (2000), whose analyst was Bion, “O can be understood to be a parallel reality without categories. This means that it is beyond the capacity of imagination, phantasy, or symbolization to apprehend” (p. 282).

But Bion charged psychoanalysts with trying to understand or interpret O, “the unknown and unknowable” (p. 27). That is what analysts are required to do with the unconscious. Yet the unconscious that Bion described is radically different from Freud’s (1923) vision of the psyche known as the “structural model,” and it is instead a psyche where faith, religion and spirituality can find a home.

Bion did not directly link his view of the psyche to religion and faith, but Grotstein and another Bion follower, Neville Symington, did so explicitly. Symington (1994) found an inherent connection between psychoanalysis and religion, asking, “[i]f the goal of psychoanalysis is the transformation of bad actions into good, is it not right to call this a spiritual aim?” (p. 181). He also was critical of Freud’s *The Future of an Illusion,* taking issue with Freud’s belief that those who follow a religion are unconsciously in search of a father to protect them and also control them. Referring to the Axial Era, which produced religious thinkers including Buddha and Plato, Symington said:

> [T]hey taught a new humanitarian morality. Freud did not understand that in these teachers there was a transformation of desire: the Buddha did not embrace the moral life because it was imposed, but because he wanted to (p. 61).

Symington (2001) used the word “god” as he explored the psyche; he described what he called true and false gods that influenced or dictated patients’ emotions and behavior (pp. 153-166). These gods are akin to the good and bad objects that Klein and Fairbairn described – not surprising, given that Symington was an object relations theorist.

A false god, according to Symington, is the one a patient presents as they begin treatment, and that all people including atheists carry within them to some degree. Symington used words like “obligated” and “compelled” to describe the dynamics of a person ruled by a false god (p. 162). His false god has the hallmarks of the rigid superego that Freud (1930, p. 123), described. Symington wrote:

> I call [it] a false god in that it deceives the believer into trusting his dictates. He believes passionately in what the god directs. As I have tried to illustrate, this passionate belief cannot be shaken by reason, but it is more than that—the presence of this god precludes the possibility of thought (p. 158).

The true god is one whose influence can grow through analysis; according to Symington, connecting with this god requires rational reflection:

> This is a god who is grasped through a supreme effort of thought—a god who is a triumph of the thinking process. Traces of this god can be found in Judaism, in Christianity, and in Islam, but it is largely overshadowed by the false god. The true god is reached through a deep and sustained reflection on the nature of reality (p. 159).

Kalsched described Grotstein as having “truly grasped the mytho-poetic mystery and wisdom in the unconscious psyche” (pp. 204-205). Grotstein used the interpretation of dreams as a way to find the spirituality of the psyche.

Grotstein’s work is imbued with a link between the spiritual and psychoanalytic thought and work. Grotstein (2000) theorized that “the unconscious is perhaps as close to the ‘God experience’ as mankind can ever hope to achieve” (p. *xvii*). He wrote of the ineffability of God and the ineffability of the unconscious – neither can ever be completely described in words, or completely known (p. 139).

Grotstein acknowledged that mankind has questioned whether God exists in the heavens or whether God exists within us and outside of us (p. 139). But Grotstein believed that faith and religion are carried within the unconscious:

> The experience of a presence that is meta-human or preternatural exists as a potentiality in the boundless landscape of the unconscious. I believe that it is here that religious, philosophical, and mystical studies converge with the psychological and the psychoanalytic (p. *xvii*).

Grotstein (Grotstein and Franey, 2008) found elements of psychoanalysis in religion and vice-versa, and saw God as depicted in the Bible as similar to humans, with the same psychic issues and torments that an analyst deals with in practice:

> Every time you see “deity” in the Bible, think narcissistic infant who hasn't been weaned, who is omnipotent and needs to be spoiled something rotten and needs

> everyone to worship him and say good things about him. So, when you see "deity," think narcissistic infant who then is confronted by his exclusion from the primal scene (p. 93).

And Grotstein (Grotstein and Franey, 2008) found that the most basic of psychoanalytic theories, the transference between patient and analyst, had parallels in religion: "[t]ransference is nothing but an experience of exorcism" (p. 91). He said of the depressive position, part of Melanie Klein's theory of human development, "it is a 'Station of the Cross.' Again, we can use the Stations of the Cross as a metaphor for infant development …" (p. 109).

Grotstein (2000) found biblical passages that speak to the existence of the unconscious. Quoting from Girard's *The Scapegoat* (1986), Grotstein noted that when Jesus said on the cross, "Father, forgive them; for they do not know what they are doing" (*The New Oxford Annotated Bible,* Luke 23:34), it is an acknowledgment of the unconscious (Grotstein, 2000, p. 276). And Girard called this passage "the first definition of the unconscious in human history" (p. 111).

Grotstein (2000) also saw psychoanalysis as a way to find or relate to what he called the domain of holiness; to get to that sacred space within ourselves we must recapitulate and experience the miseries of our lives (p. 276). He found connections to God in other theories, including Winnicott's (1969) explorations of infants' use of objects (their caregivers):

> Winnicott's infant, like the God of Scripture, must have the power of life and death over its objects. It must first create them and then destroy them in order to be the author of its own life scenario … (p. 213).

Relational theory and its God connection

The development in the late 20th century of the relational school of psychoanalytic theory, with its focus on relationships between analyst and patient as well as within the family – as opposed to Freud's emphasis on a patient's intrapsychic drives – has helped some analytic scholars find a place for God, faith and religion in their work.

Relational theory has evolved since the late 1970s, perhaps not coincidentally as society has become more conscious of and open to the concept of equal rights and openness. The new theory flourished as the rights of Blacks, women, LGBTQ+ people and people with disabilities have gained more recognition, and as attitudes about raising children, education and the workplace have changed. Moreover, Stephen Mitchell noted in 1991:

> Our current milieu is quite different from Freud's. Developments in physics like relativity theory, quantum theory and its indeterminancies, and Heisenberg's uncertainty principle; political and social crises like the threat of nuclear extinction and environmental contamination; and, closer to home, information processing, artificial intelligence, and advances in the study of early infancy, have all had a complex and pervasive effect on the way we regard ourselves and our world (p. 148).

Relational theory has made for a different atmosphere in treatment rooms; for example, analysts may be more comfortable revealing information about themselves than they did using more classical technique (Renik, 1995, p. 468). That information can include religious belief.

Lewis Aron (1996), one of the founders of the relational school of psychoanalysis, found a kindred spirit in philosopher Martin Buber, who argued for dialogue in religion:

> Among all 20th-century philosophers, Martin Buber elaborated a philosophy of dialogue that most closely resonates with the relational psychoanalytic approach and its emphasis on mutuality (p. 154).

The mutuality Aron describes has made many analysts see their patients and themselves on more of an equal footing than was the case in Freudian-based analyses. Renik, a relational analyst, has pointed out the hierarchical attitude that characterized the profession for decades:

> It may be painful for us to acknowledge that a longstanding, fundamental principle of analytic technique is actually designed to promote irrational overestimation of the analyst … (p. 478).

The more egalitarian approach of relational psychoanalysis created space for patients to be as human as their analysts, and it created space for both the patient's and the analyst's religion and beliefs. For example, Tummala-Narra (2009, p. 93) reported that working relationally enabled her to understand her patient's reactions to religion and spirituality as well as her own. Because classical psychoanalysis was unable to recognize patients' spirituality and religious belief, theorists including Rizzuto (1979, p. *x*) and Cohen (2019, p. 106) believe it was unable to recognize the entirety of their lives. And, likely, patients' humanity.

Jones (1997) saw relational theory as a way to bring about a rapprochement between psychoanalysis and religion:

> As long as the human problem was defined (by Freud) in biological terms as the direction or suppression of instincts, religion (like the rest of culture) could only enter the picture as an agent of social control and domination. If the human dilemma primarily concerns the capacity for relational experience and its enrichment, then religion has more positive and constructive things to say (p. 137, parentheses original).

In 2004, eight years after Aron wrote about Buber, he authored a paper, *God's influence on my psychoanalytic vision and values.* God was not only welcome in Aron's psychoanalysis but was also a part of it. Aron, who was Jewish, found common ground between relational psychoanalysis and Judaism:

> The Jewish tradition, as I understand it, is radically relational in its assumption of a mutual and intersubjective relationship between God and humanity (p. 445).

Literature Review: How Psychoanalysis Has Worked with Religion

Despite the great interest in the synergy between psychoanalysis and religion and spirituality, in the generations since Freud many analysts have hewed in their practices to his theories about religion. In 2002, the revered analyst Charles Brenner wrote, "[w]hat is of interest in the present context is the evidence that supports the assertion that their religious beliefs indicate that adults have the same sort of conflicts that Freud and other analysts have attributed to young children" (p. 19).

More recently, John Michael Madonna (2018) reported that in his 35 years on the faculty of the Boston Graduate School for Psychoanalysis, the only substantive discussion of religion he encountered was an occasional disparaging remark (p. 129). Langs (2009), before he began to recognize patients' religious associations, was startled after he gave a case presentation and a member of the audience said, "[w]e're hearing a lot about science and clinical validation, but where does God come into the picture?" (p. 85).

But psychoanalytic literature in recent decades nonetheless has included work by analysts including Eigen, Aron and others who have found a connection between analysis and religion and faith. Aron (2004), in his paper describing God's influence on his psychoanalytic values, wrote:

> As psychoanalysts, we should recognize that some of our cherished ideals are central to religious traditions and that in analyzing forms of aliveness and deadness, and thus in helping our patients to choose life, we are performing a sacred task (p. 449).

Aron also, perhaps ruefully, noted that a book about psychoanalysis and money was titled *The Last Taboo* (Krueger, 1986); Aron went on to say, "I think it is more accurate to say that religion generally, and God in particular, have remained taboo among analysts" (p. 442).

Lijtmaer, writing for a 2009 symposium about psychoanalysis and religion, noted that in spite of the legacy and influence of Freud, "there is now a revival of integrating religion and spiritual beliefs in the consulting room" (p. 100). That revival continues; there are many papers and chapters by clinicians – Freudian-trained as well as Jungians -- who have deeply explored their patients' religion, faith and/or spirituality. Some have relied on theorists like Winnicott and Rizzuto to guide them, and they have acknowledged that they are working with patients in a way that is counter to the teachings of Sigmund Freud. (Papers by several of these analysts are cited in this section.)

Winnicott and Rizzuto

Rizzuto's (1979) research gave Freudian analysts theory to ground them as they helped patients explore their feelings about God. Rizzuto's work itself was groundbreaking, appearing as drive and object relations theorists still dominated psychoanalysis; it predated the rise of relational psychoanalysis that for some analysts is a more natural fit for working with religious and spiritual material.

Rizzuto, relying on object relations, focused on the use of God representations throughout people's lives, and her theories grew out of her own patients' talking about God. She found that patients use God in much the same way as the transitional object that Winnicott (1953)

described, the blankets or toys or even songs that soothe a child in the earliest psychological separation from their caregivers. But Rizzuto said God as a transitional object "is created from representational materials whose sources are the representations of primary objects" – in other words, the images, ideas or feelings about God are based on the parents, siblings, other relatives, teachers, neighbors who help form the psyche (p. 178).

Rizzuto noted that Winnicott, who described a transitional space between a child's inner and outer world, believed that this is the place in the psyche that nurtures religion (Rizzuto, p. 177). Winnicott (1953) wrote:

> This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work (p. 97).

But the God/transitional object Rizzuto described has a special place in the psyche – the teddy bears and blankets very young children cling to lose their importance as each child's psyche develops, but the attachment to God can be lifelong (p. 178). That attachment can ebb and flow according to a person's emotional and chronological stage of life. Rizzuto wrote:

> Belief in God or absence of belief are no indicators of any type of pathology. They are indicators only of the particular private balance each individual has achieved at a given moment in his relations with primary objects and all other relevant people … (p. 202).

Meissner (2009), acknowledging Rizzuto's theories, said of a focus on transitional phenomena:

> It creates the potential not only for an analysis of the pathological and infantile determinants of some forms of developmentally impoverished religious experience, but also for an enriching investigation of mature, integrated, and developmentally advanced modalities of faith and religious commitment (p. 221).

Meissner also said Winnicott's theories are a shift away from Freud's emphasis on religion as an illusion, and instead, they cast religion in the light of "nourishing psychic life and development and as opening the way to encompassing realms of human experience beyond material reality" (p. 220).

Each person's God-representation, or image, has the imprint of their personality, Meissner said:

> [I]t is created out of the inner psychic resources of each individual and reflects his or her personal life experience, developmental vicissitudes, and individual dynamics and defensive needs (p. 227).

Analysts who have relied on Rizzuto and Winnicott have found that a patient's religion and spirituality can be an integral part of the analysis, and even help the therapeutic process unfold. Tummala-Narra (2009) adopted a relational approach in her work with a woman who spoke openly about her feelings about God. Tummala-Narra disclosed that she was Hindu in response to a direct question from the patient. The analyst found that her disclosure and the conversations it inspired over subsequent sessions contributed to a more open and authentic treatment. Tummala-Narra found that, "[t]he therapeutic process, similar to a spiritual

relationship, does entail the element of faith and the therapist's ability to bear the changing nature of the client's and his or her own spiritual understandings" (p. 93).

Tummala-Narra had been anxious about disclosing her faith to her patient; she feared her belief in God might affect and even hinder the work. But, over time, she understood that her patient's questions about her beliefs were "an attempt to know me as an individual, to seek validation of her beliefs about God, and to feel more emotionally connected" (p. 91). This patient's curiosity was similar to that of so many patients who seek to know more about their analysts.

Jung's psychoanalytic theory

There is a place in the psyche, or perhaps the heart or the soul, that is the birthplace of a person's religion, faith, spirituality, sense of or feelings about God. Kalsched called it "the inner world of dreams and the mytho-poetic images of the imagination" (p. 6). For James (2021), it was the "mystical states of consciousness" (p. 190). Winnicott (1953) believed that the transitional space is where religion resides (p. 97), and Grotstein (2000) found it in the unconscious (p. 125). However these analysts have described this place, it is where the numinous is experienced, and where a person's sense of something larger than themselves grows.

These authors had varying analytic backgrounds including training as Freudians, but because they believed there is a place for God or spirituality in the human mind and heart and the analytic hour, their theories are arguably in a constellation with Jung's.

For Jung (1971), it was inevitable that a patient's feelings about God will be explored as the analytic work seeks to know the unconscious. He wrote:

> [T]he soul is a content that belongs partly to the subject and partly to the world of spirits, i.e., *the unconscious*. Hence the soul always has an earthly as well as a rather ghostly quality. It is the same with magical power, the divine force of primitives, whereas on the higher levels of culture God is entirely separate from man and is exalted to the heights of pure ideality. But the soul never loses its intermediate position. It must therefore be regarded as a function of relation between the subject and *the inaccessible depths of the unconscious* (p. 250; italics supplied).

And to repeat a quote of Jung's (1958), "since man knows himself only as an ego, and the Self, as a totality, is indescribable and indistinguishable from a God-image, self-realization—to put it in religious or metaphysical terms—amounts to God's incarnation" (p. 156).

Therefore, Jung believed that to explore one's Self is to explore their relationship with God – and vice-versa. He did not have to find God, or faith, religion or spirituality, in patients' associations and unconscious material; he believed God was present in each session with a patient. That was clear from the lintel over the door of his home in Switzerland, in which he had carved a quote from the Oracle at Delphi, "[v]ocatus atque non vocatus Deus aderit," translating to, "[s]ummoned or not summoned, God will be present" (Cooper-White, 2013, https://pcooperwhite.wordpress.com/2013/10/25/vocatus-atque-non-vocatus/).

Miller (2004), in studying Jung's theory of the transcendent function in psychoanalytic treatment, found a connection between this function and God. Jung (1960) said of the transcendent function's role, "[it] arises from the union of conscious and unconscious contents" (p. 69). Jung also wrote:

> In actual practice, therefore, the suitably trained analyst mediates the transcendent function for the patient, i.e., helps him to bring conscious and unconscious together and so arrive at a new attitude (p. 75).

Miller found that "[t]he transcendent function clearly implicates matters of transcendence in a spiritual or divine sense" (p. 115) and cited Jung's further discussion of the transcendent function as a phenomenon close to the experience of God:

> Jung states "it also shows that the phenomenon of spontaneous compensation, being beyond the control of man, is quite in accord with the formula 'grace' or the 'will of God'" (Jung, 1958, p. 506). Elsewhere, Jung asserts that from the transcendent function "a creative solution emerges which is produced by the constellated archetype and possesses that compelling authority not unjustly characterized as the voice of God" (Jung, 1964, Collected Works, Vol. 10, p. 457; Miller, p. 72; parentheses original).

Jung's theories included the concepts of the collective unconscious and archetypes. Jung agreed with Freud that individuals have their own, or personal, unconscious, but he said (1959, Part 1), "there exists a second psychic system of a collective, universal, and impersonal nature which is

identical in all individuals. This collective unconscious does not develop individually but is inherited" (p. 43).

The collective unconscious in turn consists of the archetypes, which Jung (1956) called "an inborn disposition to produce parallel thought-formations, or rather of identical psychic structures common to all men" (p. 206). Jung (1959, Part 1) also said of archetypes that they "can only become conscious secondarily" (p. 43).

According to Corbett (1996), "[a]rchetypes operate as deep psychological structures which govern the organization of experience" (p. 57). Although there can be any number of archetypes in a person's psyche (Samuels, A., et al., 1986, p. 26), Jungian scholars frequently cite four:

- The ego, which Tacey (2012) called "the archetype of conscious life" (p. 244);
- The shadow, which Samuels et al. described as "the negative side of the personality, the sum of all the unpleasant qualities one wants to hide" (p. 138). Tacey, however, said that the dark elements in the shadow are creative forces in the psyche, responsible for originality and spontaneous expression. And, Tacey noted, "[s]ome Jungians have written about the 'gold' in the shadow, believing that what consciousness rejects is often the stuff of life that gives it its highest value" (pp. 66-67).
- Anima or animus, the feminine or masculine part of the personality formed from early encounters with key figures in a child's life (Tacey, pp. 275-289) and
- The Self, which has a divine connection. Edinger (1972) said the Self, "is the ordering and unifying center of the total psyche (conscious and unconscious)" (p. 24, parentheses original). Corbett (2021) called the Self "a source of religious feeling" (p. 75).

According to Singer (1969), Jung believed religious experience was an archetypal experience common to everyone. She wrote, “the religious experience has its roots in the collective unconscious and is nurtured by the totality of man’s collective experience …” (p. 318).

Corbett (1996) described the processes of the archetypes as largely unconscious, revealed only in phenomena like dreams:

> [I]t is as if personal consciousness were like a small boat trying to navigate a river while deep currents radically affect the craft’s course and speed. These currents, usually in the form of complexes, are the spiritual or archetypal forces within the personality (p. 61).

According to Tacey, Jung’s theory of archetypes is “midway between myth and science, and has a foot in both camps” (p. 236). He supported Jung’s belief that the archetypes are an integral part of the psyche and should be taken seriously even by the science-minded psychologists and psychoanalysts:

> Jung views archetypes as the psychological equivalents of instincts. He said the archetype is “the instinct’s perception of itself, or the self-portrait of the instinct.” He argues that the theory of archetypes ought not to come as a shock to scientific investigators; just as ‘instincts’ are integral to biology, so “archetypes” are the foundation categories of psychology (p. 236).

Jung (1960) further theorized that the archetypes were numinous in character (borrowing from Otto, 1923, Location 434) and Jung said they “can only be described as ‘spiritual,’ if ‘magical’ is too strong a word” (p. 205). Jung believed that the numinous experience, which can be revealed

in the course of a patient's associations or in the reporting of their dreams, must be explored in analytic work:

> [T]his phenomenon is of the utmost significance for the psychology of religion. In its effects it is anything but unambiguous. It can be healing or destructive, but never indifferent, provided of course that it has attained a certain degree of clarity. This aspect deserves the epithet "spiritual" above all else. It not infrequently happens that the archetype appears in the form of a spirit in dreams or fantasy-products, or even comports itself like a ghost. There is a mystical aura about its numinosity, and it has a corresponding effect upon the emotions (pp. 205-206).

Tacey called Jung's theory on the numinous "the hallmark of his work" and explained:

> He is not interested in our personal intention, our independent actions or choices. He is riveted by something that comes to greet us which is outside our will and contrary to our intentions. There is something outside consciousness which eclipses us on all sides (p. 352).

But this is not just about the structure of the psyche – it's also about religion and the psyche. Tacey noted that "Jung announces that the unconscious 'has religious tendencies' (Jung, 1958, p. 24) and that the psyche is a 'religious phenomenon'" (Jung, 1958, p. 39; Tacey, p. 352). Tacey continued:

> He sees forces in the psyche that seek religio or 'binding back' to the sacred. These forces, apparently subjective, are actually objective in that they participate in ultimate reality (p. 352).

Jung (1961) also believed in the daimonic experience, and equated "daimon" with God and the unconscious (p. 395). Kalsched described the daimonic as "a hybrid form of existence within the mytho-poetic world participating in both material and spiritual reality" (p. 316). What is an example of a daimonic experience? Robert A. Johnson, a Jungian analyst, described (1998) a vision he had at the age of eleven after being in a car accident that cost him one of his legs. It was a daimonic experience:

> [S]uddenly I was in a glorious world. It was pure light, gold, radiant, luminous, ecstatically happy, perfectly beautiful, purely tranquil, joy beyond bound. I wasn't the least bit interested in anything on the earthly side of the divide; I could only revel, at what was before me. We have words for this side of reality but none to describe the other side. It was all that any mystic ever promised of heaven, and I knew then that I was in possession of the greatest treasure known to humankind (p. 2).

Numinous and daimonic experiences are clearly the polar opposite of Freud's theories that looked to intrapsychic conflict and fantasy as the source, not only of religion and faith, but of all the psychic dynamics. As Jung developed his theories, he continued to oppose Freud, and passionately argued (1958) for psychoanalysts – starting with Freud – to look as he did beyond a patient's neuroses:

> [T]heir exclusive concern with the instincts fails to satisfy the deeper spiritual needs of the patient. They are too much bound by the premises of nineteenth-century science, too matter of fact, and they give too little value to fictional and imaginative processes. In a word, they do not give enough meaning to life. And it is only meaning that liberates (p. 330).

Because of analysts' focus on the neuroses, Jung continued, the vast majority of patients are left "alienated from a spiritual standpoint -- a fact which cannot be a matter of indifference to one who has the fate of the psyche at heart" (p. 333).

Jung (1960) understood that God and God images had no place in a science like physics, "but in psychology it is a definite fact that has got to be reckoned with, just as we have to reckon with 'affect,' 'instinct,' 'mother,' etc." (p. 278). He saw the idea of God as part of what he called "the ineradicable substrate of the human soul" (p. 278) – perhaps a reference to his belief in the collective unconscious.

Jung had a great interest in many cultures, and non-Western cultures and religions influenced his theory. He noted (1958) that in indigenous cultures, the healer known as the medicine man was also a spiritual leader: "He is the saviour of the soul as well as of the body, and religions are systems of healing for psychic illness (p. 344). Jung found that his patients wanted him to also have this dual role, and he admonished his colleagues that they needed to work with their patients on both psychic and spiritual levels:

> [P]atients force the psychotherapist into the role of the priest and expect and demand of him that he shall free them from their suffering. That is why we psychotherapists must occupy ourselves with problems which, strictly speaking, belong to the theologian (p. 344).

Jung's followers

Analysts trained in Jungian analysis, or those who have come to embrace his theories on their own separate from their Freudian training, approach patients more holistically than some of their Freudian colleagues do. They seek the "transcendent" – but the word has a sense that is critical to Jungian analysis; it has to do with the spiritual, and with a sense that there is something larger than ourselves in our lives and the world. Ann Belford Ulanov (1986) called on analysts to be open to finding and exploring the spiritual and larger-than-life meanings in what patients bring to their sessions. She explained:

> I use the word "transcendent" to encompass both analysts and patients who specifically focus on God and the life of the Spirit, and those who reject the notion and experience of a personal god but see the necessity of dealing with values directly. Both groups have strong convictions about the need to find and define a transcendent meaning for themselves and its role in the recovery and maintenance of health (p. 54).

Kalsched, criticizing what's called reductionist theory – beginning with Freud's regarding of religion as a symptom – agreed:

> In my view, psychoanalysis cannot afford this single-eyed vision. The missing element here would be what Jung called the prospective element. Its questions would be "Toward what result are these experiences pointing?" "What are the defenses defending?" And a likely answer to this question would seem to be the human soul (p. 51).

Kalsched's *Trauma and the Soul* contains a number of accounts of traumatized patients who brought God into their sessions, and also patients whose unconscious associations and material Kalsched interpreted as having religious or spiritual meanings. One patient had started out life as a happy child but years of developmental trauma caused by family difficulties turned her into a disconnected, dissociated adult. "The previously animated innocent child she had been disappeared from Diane's outer life and took up residence in a separate world, in a Limbo of lost souls," Kalsched wrote (p. 111).

Kalsched found that those who suffered early trauma "often report that an essential part of themselves has retreated into a spiritual world and found refuge and support there in the absence of such support by any human person" (p. 9). These patients, Kalsched said, "often have a deep understanding of a sacred world that sustains them" (p. 5).

Grotstein (2000), who said, "I posit that the unconscious is perhaps as close to the 'God experience' as mankind can ever hope to achieve" (p. *xvii*), described a case that included transcendent moments for both Grotstein and his traumatized patient. God was very much in the analysis; the patient had a religious experience while on a visit to the Cathedral de le Sacre Coeur during the period when he was in analysis with Grotstein. The patient told Grotstein, "I

don't need psychoanalysis! I need God in order to regain my innocence!" The patient's transference and Grotstein's countertransference included projections of Christ, Mary and the Pieta (p. 219-244).

But Grotstein found that even when God is not part of the audible, manifest discussion between analyst and patient, there are nonetheless continual moments in analytic work that are indeed spiritual, religious, numinous, God-laden:

> A psychoanalyst constantly deals with issues that could easily be thought of as religious. When the infantile neurosis emerges in the transference, the analyst must address the gap between sessions in which the patient feels potentially unprotected and who must develop a sense of faith and trust in the analyst and a belief that the analyst-as-phantasied parent is intact and will return. Does this need for faith not parallel David's Psalm 23 (p. 270)?

The words of the 23rd Psalm recall an image not only of God but also of the analyst who accompanies their patient on a psychic pilgrimage, with its joys and terrors:

> He restores my soul. He leads me in right paths for his name's sake.
>
> Even though I walk through the darkest valley, I fear no evil, for you are with me …
>
> (*The New Oxford Annotated Bible*)

This psalm conjures up an image of a relationship between God and the individual. It is an intensely private and unique relationship, and analytic writers have compared it with the

relationship between analyst and patient. Eigen (2011) cited the psalm after noting the necessary and supportive relationships that psychoanalysts have with each other (p. 64).

Eigen (2018) divined what he called "the area of faith," which he described as "a way of experiencing that is undertaken with one's whole being, all out, 'with all one's heart, with all one's soul, and with all one's might'" (p. 109; Eigen was referring to the passage from Deuteronomy 6:5 that is part of the Jewish liturgy). Kalsched in turn saw the "area of faith" in the same realm as Winnicott's transitional space and Ogden's "analytic third" (Kalsched, pp. 56-58). These are places in the psyche between the material and spiritual or psychic worlds; they exist within us, and also between analyst and patient.

Ogden (1994) believed that analyst and patient – or analysand, as a patient is often called in analytic literature – consciously and unconsciously create a space together where analytic exploration and also love, play and reverie can exist and grow. Ogden compared this relationship with the dyad between mother and child, relying on Winnicott's (1960) statement that "there is no such thing as an infant, meaning, of course, that whenever one finds an infant one finds maternal care" (Ogden, pp. 3-4, Winnicott, p. 587, fn). Ogden went on to say:

> I believe that, in an analytic context, there is no such thing as an analysand apart from the relationship with the analyst, and no such thing as an analyst apart from the relationship with the analysand (p. 4).

Bromberg (1998) described an analytic space that is intensely spiritual, that could describe a relationship with God – it even has the hopeful sense that prayer does:

> I have come to speak of it as a co-constructed mental space, uniquely relational and still uniquely individual; a space belonging to neither person alone, and yet, belonging to both and to each; a twilight space in which "the impossible" becomes possible; a space in which incompatible selves, each awake to its own "truth," can "dream" the reality of the other without risk to its own integrity. I've suggested it to be an intersubjective space which, like the "trance" state of consciousness just prior to entering sleep, allows both wakefulness and dreaming to coexist (p. 9).

Working with God images, and the inevitability of countertransference

The literature includes papers by analysts who discovered that their beliefs, including their own images of God and their religious upbringing, were powerful agents of countertransference in their work with patients. They could not work with their patients' religious and spiritual material without reflecting on their own.

Ryan LaMothe (2009), a psychoanalyst and pastoral counselor, believed his conscious and unconscious god representations were part of the interplay between a patient's transference and his countertransference, and as part of that dynamic, there were also "interpersonal clashes between the patient's and therapist's god representations, as well as intrapsychic clashes between each participant's conscious and unconscious god representations" (p. 74).

LaMothe further wrote that his conscious and unconscious god representations in part shaped his analytic attitude, his interpretations and interventions and ultimately had an impact on his

patient's god representations. With that kind of power in a session, he argued, analysts and their patients need to, at least in their own hearts and minds, ask and answer these questions:

> What God(s) orients my life and relationships? What God(s) represents subjugation, fear, and the loss of freedom? What God(s) have I repressed? What God(s) represents the possibility and experience of being alive and real with others? In the end, what God(s) will I choose to serve, to surrender to (p. 74, parentheses original)?

Christopher MacKenna (2009), a psychoanalytic psychotherapist and Anglican priest, discovered that "god-images are almost always of intense complexity, deserving the greatest analytical respect and thought" (p. 112). In a session, MacKenna made an interpretation about a God who he believed, given the history his patient had described for him, was in a benevolent place in her psychic development. But that benevolent God, MacKenna came to realize, was his own, and in the throes of his countertransference he mistakenly believed that his patient's God had nothing to do with her parents: "I had imagined a strong connection between this God and, in Winnicott's terms, her true self" (p. 117). After his mistake led to a serious rupture in their work, MacKenna and his patient came to realize that she had more than one God image (p. 117).

Corbett (2021) noted that a God image "continues to evolve throughout the course of the individual's life and is colored by experiences that tend to either confirm or deny it. The infantile core of this image of God might be punitive and angry or benevolent and loving, depending on the child's early relational experiences, or this image might try to compensate for

parental shortcomings" (p. 526). What MacKenna learned was there can also be an evolution during an analytic treatment – or at least an evolution in how a clinician needs to analyze a God image.

MacKenna noted that his work with this patient had been early in his practice, when little had been written about psychoanalysis and religion and when his own training analysis did not help him integrate analytic theory and Christian perspectives. The analytic world was still embracing Freud, and so MacKenna learned from his mistakes (p. 115). "I owe such integration as I have subsequently achieved very much to [this patient] and to many other patients who have struggled for understanding with me," MacKenna wrote (p. 116, brackets supplied).

The God images that Corbett spoke of are not only the patient's; just as there are two psyches, two personal histories, two sets of emotions in every psychoanalytic session, there are also two sets of varying religious beliefs. Sandra Winton (2013), a psychoanalytic psychotherapist and Dominican sister, wrote of needing to understand the origins and meanings of her own religious beliefs, or lack of them, "so that they can be situated in my own psychological history and so held as more relative. If there is no space between me and them, I am more likely to be lured into engaging with the client's religious problems on a religious level, rather than a therapeutic one. … I need to allow my own beliefs as well as those of my client to be available for therapeutic thought" (p. 349).

Winton wrote that religious material is explored in analysis in the same way any other material is, and that it takes place in what Winnicott called "two areas of playing, that of the patient and

that of the therapist" (Winnicott, 1971, p. 38). Winton wrote that "religious belief or experience can only become therapeutic material if they are brought into the play space. This is only possible if both client and therapist are open to letting go of the content as 'actual' or 'literal' and to allow it to be played with as a reflection of the client's inner life" (pp.350-351).

Winton, who opened her paper noting Freud's view that there was no place for religion in an analytic session (p. 346), described an acceptance of a patient's religion, faith and/or spirituality as a normal and integral part of their personality, to be explored and accepted: "To allow religion into the consulting room can be to open a rich seam of understanding of a client's experience" (p. 356).

The analyst who is atheist or agnostic may struggle when patients talk about their beliefs and their feelings about God. Lijtmaer (2009) found herself anxious and sometimes envious when patients talked about their faith, although she had been an atheist since childhood; in one case she realized that her patient's faith helped the patient negotiate a loss, and Lijtmaer had no beliefs to help her through a loss she had suffered (p. 107).

But Lijtmaer also found herself competing with God. As a patient began to change and grow emotionally during the course of their work together, the patient gave a great deal of credit to God and Lijtmaer felt narcissistically wounded and undervalued. She wrote:

> I felt that I had no role in helping her to understand her issues. I asked myself, perhaps I had not given her enough, and she needed to look for something/someone else to help

> her? Was I instrumental in any way for the development of her stronger religious beliefs? I did not and still do not have an answer to all these questions (p. 104).

God and religion, a natural part of relational psychoanalysis

The evolution of psychoanalytic theory, with the relational model emerging in the 1980s and gaining acceptance since, has made working with religion a natural part of an analytic treatment. Aron (2004) brought his understanding of and affection for Jewish thought and tradition into his understanding of how he thinks and works as an analyst. Aron (1996) found in Martin Buber's call for dialogue in religion an idea that resonates with the relational approach to analytic work (p. 154).

Atlas and Aron (2018), both relational analysts writing about the dramatic dialogue that unfolds between analysts and patients, found that Jung turned to dialogue as well. Jung's conversation with a patient, they wrote, helped her understand that her fear of God was tormenting her. Atlas and Aron wrote: "Jung's therapeutic goal was for the patient to achieve individuation, and for Jung, God and the Self are one, so that to find and elaborate one's Self is equivalent to finding God in oneself" (p. 154).

Jones (1997) found that relational psychoanalysis has made analytic work more accepting of patients' faith and religion:

> [B]y seeing the self as inherently interrelated and by underscoring the importance of relational experience, contemporary psychoanalysis creates the possibility of a more open attitude toward, if not a rapprochement with, religion (p. 136).

Jones also advocated the exploration of faith and religion in an analysis, saying, “a contemporary relational psychoanalysis should focus on an individual’s ‘affective bond with the divine’; that is, the therapist should attend to both patients’ affect and their relational patterns as revealed in their religious material (p. 139).

Jones’ paper included the description of his treatment of a pastor whose pattern of relating – whether it was to his wife, his faith or Jones – was to split; he could relate either intellectually or emotionally but could not do both. “This case illustrates how breaking that pattern in a radically different kind of relationship with the therapist, and the interpretation of this process, aided in the transformation of this pattern in relation to his wife and to God,” Jones said (p. 142).

Literature Review: How Religion Has Worked with Psychoanalysis

The relationship between psychology and religion began well before Freud. The Bible is filled with the stories of the human struggle with emotions, families and fate as well as with God; each tale could be related by a patient unburdening themselves to an analyst or therapist. For example, as we know from the stories of Jacob, Joseph and Daniel, that dream interpretation, one of the pillars of Freud's (1900) psychoanalytic theory, dates back to biblical times. According to Zornberg (1995), Jacob's struggle with an angel in Genesis 32:24-29, in which he takes the name of Israel but thereafter retains the name of Jacob, is "a therapeutic encounter" (p. 234-235). Like a patient in any successful analytic treatment, Jacob undergoes change but is not transformed into an entirely different person.

Many theologians have found common ground between psychology/psychoanalysis and religion, faith and spirituality. When they have a quarrel with these professions, it's often with Freud and those who have aligned themselves with him.

Dreams, a portal to the psyche, faith and spirit

Biblical scholars and Sunday school and Torah study attendees have long explored the meaning of the dreams in the Bible – the dream of Jacob's ladder in Genesis 28:12-15, for example, where angels and God appeared, has been interpreted many different ways in the Midrash (Zornberg, pp. 190-192). But some dreams in the Bible may have been purely about the dreamer himself and his motivations and emotions, according to Bar (2001). He noted that Jacob and Joseph's brothers criticized him for his dreams (Genesis 37:5-11) that they believed

revealed his intent to dominate or rule over them: “We may infer from these reactions that Jacob and his other sons believed that Joseph’s dreams were not prophetic, but merely the expression of his aspirations and desires” (p. 5). This passage is identical to the kind of material explored in a psychoanalytic session.

Joseph’s most famous interpretations – at least among the lay public – are of famine portended in the Pharaoh’s dreaming in Genesis 41:1-36. Rabin (1998) noted that while dreams are currently seen as a window to the unconscious, “the ancients employed dreams and their interpretation as a form of prescience – as a glimpse into the future” (p. 172). According to Rabin, Jung is one of the few modern interpreters who found dream material to be predictions of what is to come (p. 172).

In *Man and His Symbols* (1964), Jung explained some of his theory about dreams:

> [J]ust as our conscious thoughts often occupy themselves with the future and its possibilities, so do the unconscious and its dreams. There has long been a general belief that the chief function of dreams is prognostication of the future. In antiquity, and as late as the Middle Ages, dreams played their part in medical prognosis (p. 65).

According to Linke (1999), Judaism has an ambivalent attitude toward dreams: “It is certainly clear that the epic dreams of biblical characters were revered by the rabbis, but the consensus seems to have been that dreams should be treated with some suspicion” (p. 199). Yet Linke noted that Maimonides, in his *Guide to the Perplexed,* “considered dreams to be the ‘seeing of resemblances during sleep’ and he believed that they consisted of images and experiences from

the day" (Linke, p. 203). This is very similar to Freud's (1900) description of dream content as including "the day's residues" (p. 573).

Linke also noted that the scholar Solomon Alimoli wrote in 1515 that the purpose of dreams is communication:

> People desire to know the essence of reality, but are unable to achieve this without divine help. This help may come as prophecy or in the form of a dream. Anything that happens in this world is first announced from on high. However, we are not usually able to understand the meaning of a dream without assistance; hence, we need dream interpreters (p. 205).

To Alimoli, the source of dreams is God, Linke wrote. Yet Linke saw parallels between Alimoli's view and psychology; Linke said, "[a]spects of the dreamer's personality can also be expected to enter a dream" (pp. 205-206).

Ancient theology and its understanding of the psyche

Rabin also examined and described how the Bible, from the early pages of Genesis on, looks at the psychic issues that humans face through the seasons of life. For example, Rabin noted that stories of brothers including Cain and Abel, Esau and Jacob and Moses and Aaron, relate the kind of issues that exist in many if not most families (pp. 196-197). Jealousy, vindictiveness, murderous rage – this is the stuff of family life and the emotions that are expressed in the psychoanalyst's office.

Rabin also found that biblical authors confronted issues around mental illness, anxiety and depression. He noted that the Psalms -- for instance, Psalm 6, which reads in part "[m]y soul also is struck with terror …" (*The New Oxford Annotated Bible*) often dealt with the most painful emotions: fear and abandonment (p. 64). Rabin wrote:

> First and foremost is the feeling of abandonment, of being alone and without protection in an unfriendly and dangerous world. The psalmist is abandoned by his father and mother and is forsaken by [God]. Moreover, he is rejected by his fellow humans; they despise him. We see here the agony and unhappiness of the lone soul, but also the low self-esteem … (p. 165, brackets supplied).

Rabin also noted that Job, while in a crisis of faith, was also in a depressive state, and Rabin described him as obsessive; Rabin explored Job's psychic pain as much as his spiritual agonizing (pp. 165-167). (Note that Jung, 1958, pp. 365-470, devoted an entire short book to *Answer to Job.*)

Scholars of all faiths have for centuries tried to glean and understand the motivations of biblical figures. Whether or not they could have asserted that they were looking at unconscious motives, that exploration nonetheless was part of their work. The Bible itself has references to an unknown part of ourselves, and the wish to know:

From Proverbs 20:5:

> The purposes in the human mind are like deep water, but the intelligent will draw them out.

From 1 Corinthians 2:11:

> For what human being knows what is truly human except the human spirit that is within?

And from Psalm 139:23:

> Search me, O God, and know my heart; test me and know my thoughts
>
> (*The New Oxford Annotated Bible*)

Rabinowitz (1999) reminded us that rabbinical scholars were among those trying to understand what motivated Torah figures to do what they did, or feel what they felt. In a discussion of midrashic interpretation of prayers by Isaac and Rebecca, Rabinowitz said:

> [I]ts emphasis on depth and its attention to the intricacies of the psyche demonstrate the workings of emotional forces akin to those operating when the unconscious is invoked. The ability to free oneself from preconceptions and given knowledge is dependent upon freeing oneself from unconscious factors …" (p. 83).

Jennings and Jennings (1993) also likened the midrashic process to that of psychoanalysis:

> Like the psychoanalyst, the Midrashic thinker also tries to bring forth the deeper "latent" meaning that is implied in the "manifest" material of the Scriptural text. … [T]he Midrashic process, like psychoanalysis, is founded upon the *conviction* that important meanings lie below the surface (and that an informed interpretive process is required to bring these meanings to light) (p. 61, italics, parentheses original).

The Greeks also had a deep understanding of human emotions and drives, as Freud and others well knew (he turned to Sophocles for the name of the Oedipal conflict). The Greeks used their gods to help tell the tales of human trials and frailties. It's notable that the English word "psyche" – taken from the Greek goddess Psyche -- means "soul" (www.oxfordreference.com), but the word is also a synonym for the mind and/or personality, a marriage of religion and psychology.

In studying Plato and Greek notions about love, psychologist James Hillman (1996) found a connection between the psyche and religion: "For Plato, mania was an intervention of the gods, specifically Aphrodite and Eros" (p. 142).

Plato was an inspiration for Hillman, who believed that personality is inborn and predetermined: "You are born with a character … " (p. 7). Hillman based his theory, which he called the "acorn theory" on Plato's Myth of Er, and described the myth:

> The soul of each of us is given a unique daimon before we are born, and it has selected an image or pattern that we live on earth. This soul-companion, the daimon, guides us here; in the process of arrival, however, we forget all that took place and believe we come empty into this world. The daimon remembers what is in your image and belongs to your pattern, and therefore your daimon is the carrier of your destiny (p. 8).

This has been an integral belief in many cultures, Hillman noted, adding that it is only psychologists and psychiatrists in this era who reject it:

> The study and therapy of the psyche in our society ignore this factor, which other cultures regard as the kernel of character and the repository of individual fate. The core subject of psychology, psyche or soul, doesn't get into the books supposedly dedicated to its study and care (p. 10).

Certainly, this belief runs counter to the Freudian theory that emotions and behavior are the product of intrapsychic conflict.

Psychology's role in religion

While Jung and others found a place in psychoanalytic theory for theology, some theologians have found a place in religion for psychology and/or psychoanalysis. The exploration of the psyche can go hand in hand with the exploration of the soul.

Tillich (1959) considered not only psychoanalysis, but also depth psychology, which he described as the evolution of Freud's original theories, and likened depth psychology's impact on theology to existentialism's impact on theology. Both, Tillich said, have helped to reveal the psychological material in religious literature over thousands of years. "Almost every insight concerning the movement of the soul can be found in this literature, and the most classical example of all is perhaps Dante's *Divine Comedy*, especially in the description of hell and purgatory, and of the inner self-destructiveness of man and his estrangement from his essential being," Tillich wrote (p. 123). The estrangement he described is a theme found throughout the Bible and in psychoanalytic literature – it can be considered similar to the false self that Winnicott (1960) described, the result of a failure of maternal empathy (p. 591).

Tillich also found that depth psychology could help in the understanding of sin, which he called the "universal, tragic estrangement" that all human beings suffer from. He wrote:

> Sin is separation, estrangement from one's essential being. That is what it means; and if this is the result of depth psychological work, then this [understanding] of course is a great gift that depth psychology and existentialism have offered to theology (p. 123, brackets supplied).

Joshua Loth Liebman (1946) said we must sanctify the workday world with everything in our power, and he included psychology. "Such sanctification necessarily involves the use of all means that fumbling humanity has discovered in its long journey – the instruments of physical and social science, the sharp-edged sword of philosophy – and now the healing instruments of psychology" (p. 178). He also wrote of the "truths that psychiatry adds to religion" (p. 183).

Liebman acknowledged the antipathy and skepticism that people he called religionists have toward dynamic psychology – the kind of exploration psychoanalysts do; the religionists fear the Freudian reduction of ideals and morals to "some childish complex or to some infantile phobia" (p. 179). But, Liebman said:

> The truth is, however, that psychology will remove only the *infantile* aspects of our fears, frustrations, and hatreds – leaving all that is strong and mature in us as the foundation for future building (p. 179, italics original).

According to Marianne Jehle-Wildberger (2020), Alfred Keller, who had a long friendship with Jung, wrote to theologian Leonhard Ragaz that he was using psychoanalysis to "plow," or free

people from enslaving ideas. “After ‘plowing’ comes ‘sowing,’ that is, pointing people to the mercy of God and the grace of Jesus Christ” (p. 39).

The inseparability of religion and the psyche

Some theologians, and also psychologists and psychoanalysts, have seen religion as an integral part of the psyche. Corbett (1996) called the numinous experience as described by Otto and embraced by Jung “an intrinsic function of the psyche” that occurs independently of what he called a person’s “cultural conditioning” – in other words, whether or not that person had a religious upbringing (p. 8). According to Corbett, numinous material appears frequently during psychotherapeutic sessions “although its presence is not always recognized” (p. 13).

Corbett considered the unique faith and spirituality that people carry not only within themselves, but into a psychotherapeutic session; each person creates their own personalized religion formed by their life situations and experiences. Psychotherapy is the means of understanding that religion, he said (p. 5).

Psychotherapy is also the place where patients’ spirits and souls are explored, understood and cared for, Corbett said (pp. 115-116). When he said of the word soul that it “refers to the deepest subjectivity of the individual, that quality in us which produces a sense of fullness, interiority and meaning” (p. 115), he was also describing the focus of psychoanalytic work. Corbett was saying that religion and psychoanalytic work are inextricably intertwined.

Bromberg (1998) may have been recognizing the psychoanalytic process as a potential numinous experience itself when he described successful analytic work as “a dialectic between

seeing and being seen, rather than simply being seen 'into'" (p. 246). As one of this author's instructors said during analytic training, "you will be listening to people in a way they've never been listened to before."

Rizzuto (1979) recognized the intertwining of religion and psychoanalytic work when she wrote:

> "[O]ur ignorance of God's psychic role in an individual's life meant missing an important and relevant piece of information about the patient's developmental history and his private elaborations (conscious and unconscious) of parental imagos" (p. *x,* parentheses original).

Ulanov and Ulanov (1975) saw analytic psychology as necessary in helping a person to know their unconscious and to be able to meditate and contemplate and in turn truly connect with their religious experience. They said:

> Without access to this vibrant underlying current of human experience – raw, undifferentiated and mixed with the physical as it may be – the procedures of spiritual growth become dry, mechanical techniques that effect no transformation of soul. Instead, a legalism and a moralism, a list of "should" and "should nots," come to usurp the place of the genuinely religious attitude …" (p. 50).

One of the rewards of psychoanalytic work, the Ulanovs said, is that the soul and the psyche can be in synch, working and even playing together, enabling a person to attain an ineffable peace (p. 83).

Ann Belford Ulanov (1986) found a place in the infant's psyche where images of God begin to develop. She relied on Winnicott's (1953) transitional space, which she described as a space of creativity, "the creativity of feeling alive and real, in touch, awake in a world that matters to us," and noted that this is the space where Winnicott found religion operating (p. 205). She wrote:

> In this space our capacity to have faith is born – faith as a lavish, going out of self in trust of the other; faith as the capacity to love straight out, with all one's heart, mind, and strength and body, out of a self that is alive and real, moving toward an other that we believe in utterly (p. 205).

It should be noted that Freud's theories also located religious belief in the psyche. But Ann Belford Ulanov, a theologian and Jungian-trained psychoanalyst, saw faith as something to be nurtured rather than cured:

> Our pastoral task is to notice images that inhabit us, and to notice that we suppress them, lest we split into a schizoid kind of religion of words or fall under the power of these images and bully others with them. From a psychoanalytic perspective, our task is to see in our pictures of God what we have left out of ourselves, to bring back those pieces and try to house them (pp. 207-208).

Corbett (2021), in arguing with Freud's reducing religion to a neurosis, noted that spirituality and faith, and the images of God and biblical figures like Jesus, have grown out of creativity and imagination, even the beliefs that become doctrine and dogma (p. 546). That creativity allows religious beliefs to evolve, Corbett said. He quoted Campbell (2002); Campbell urged us to look

beyond the concrete teachings of the Bible and see the metaphors that have evolved thanks to creative minds. For example, the Promised Land, Campbell said, is a spiritual, not physical place (p. 85). Corbett said of metaphor:

> [It] is now understood to be an essential way of speaking about concepts that cannot be described literally. Some scriptural imagery is clearly mythic, and the only meaningful way we can read it is to see it as metaphorical rather than literal and historical (p. 547).

The creative mind has turned religion into a force that does good in the world, Corbett noted, although he acknowledged that Freud and classical theorists would attribute that dynamic to an identification with good caregivers in childhood. But Corbett also considered the other extreme of human behavior: "The assertion that religious experience is an illusory attempt to re-create an infantile situation would not explain the destructiveness of religious violence, when religion becomes pathological" (p. 503).

Bollas (1999), who has sought in his writings to understand some of the most troubled patients, also likened the unconscious and its unknowns to the unknowns of faith:

> An unanswerable, perhaps presiding question. What is the intelligence that moves through the mind to create its objects, to shape its inscapes, to word itself, to gather moods, to effect the other's arriving ideas, to…to…to?
>
> If there is a God, this is where it lives, a mystery working itself through the materials of life, giving us shape and passing us on to others (p. 195).

Eigen has explored the relationship between psychoanalytic work and faith and their inseparability in his writings and lectures. In discussing elements of faith in the theories of Winnicott, Lacan and Bion, Eigen (2018) noted that while psychoanalytic process involves a patient striving to know themselves, "the emotional truth at stake may be unknown and unknowable, but nothing can be more important than learning to attend to it" (p. 124).

Eigen found a recognition of faith in Lacan's theories: "One requires a certain faith to tolerate and respect the gaps through which the life of authentic meaning unfolds" (p. 118). This recalls how Tillich (1957) described the doubt that is inseparable from faith: "It does not reject every concrete truth, but it is aware of the element of insecurity in every existential truth" (p. 23).

Eigen (2018), again writing about Lacan, noted that the truths or insights to be found in psychoanalytic work, like those of religion and faith, cannot be proven or mastered. It requires faith to believe and accept. Eigen wrote:

> The subject's search for the truth about himself evolves by listening to a live play of meaning that always exceeds his grasp. Here faith is necessary. One cannot master the real, or life of meaning in any fundamental way. One can only try to participate in one's own revisioning through impact and revelation, with all the openness and intensity of insight one can muster (p. 120).

For Bion (1970), psychoanalytic exploration seeks out what he called O, a symbol he defined in terms that are undeniably religious or spiritual: O is "ultimate reality, absolute truth, the

godhead, the infinite, the thing-in-itself" (p. 26). What he described is a spiritual as well as psychoanalytic process.

Eigen, who has studied Bion for decades, described (2011) a faith that transforms, and that is found in both psychoanalysis and religion:

> I am being transformed by processes I don't know about and I am asked by Bion to have faith in them, to live in this faith, a living faith … There are phrases in religion I have lived with for many years; important for the way I experience life. They fit well with Bion's F[aith] in O (p. 62, brackets supplied).

And, Eigen said, Bion called faith in O "the psychoanalytic attitude" (p. 62).

Eigen (2018) also found elements of faith in Winnicott's theory that infants go through a developmental stage in which they love, destroy and then love their mothers again (Eigen, p. 113; Winnicott, 1969, p. 713). It is a stage that is re-enacted throughout life, and one that Eigen associated with the story of Job:

> This may be something akin to Job's and God's wrath turning into joyous appreciation of one another's mystery, a newfound trust, wherein anything outside of the faith experience at that moment must seem unreal (p. 114).

Nondualistic Judaism as described by Michaelson (2009) has the flavor of the O that Bion (1970) said was represented by a godhead and that he also called unknowable as a singularity. In nondualism, Michaelson said, "ultimately, everything is one -- or, in theistic language,

everything is God" (p. 2). There is no division between oneself and God, Michaelson said. And, Michaelson wrote of:

> [A] knowing that does not know anything: it knows only mystery, only the ineffable—as if it knows that it knows, but also that it does not know what it knows. All this must sound like paradox if you have not experienced it (p. 217).

"Ineffable" is a word Grotstein (2000) continually used to describe the unconscious, and he said in a published conversation (2008), "[t]here is ineffability to the mind that we will never understand" (p. 107). It is also a word often used to describe the unknowability of God. These are the first two lines of a C.S. Lewis (2009) prayer:

> He whom I bow to only knows to whom I bow
> When I attempt the ineffable Name, murmuring *Thou* (p. 70, italics original).

A practical dilemma

There is a caveat that must be acknowledged in any examination of the inseparability of religion and the psyche, and it is about a quandary that not only psychoanalysts but also other mental health clinicians can face. It is a practical consideration. As Spero (1986) noted, there can be a blurring of the lines between religious beliefs and acts and psychological distress or illness. Clinicians can find themselves questioning whether a patient's religious acts should be discouraged because they are or appear to be symptomatic of pathology. Spero, who has written extensively about his work with Orthodox Jews, said analysts and therapists shouldn't be making that decision by themselves:

> It is relevant, both to the practice of psychotherapy and to the professional's ethical obligations to the religious patient, to understand exactly when religious acts must be considered sacrosanct *despite* the presence of unhealthy motivation and when such acts must be considered psychologically and *spiritually* undesirable and subject to modification. A halakhic guideline is needed (pp. 34-35, italics original).

Halakha is Jewish law that a rabbi would be asked to interpret; but clinicians may encounter this quandary in any faith and need to consult a minister, priest, pastor, imam – or whoever a patient regards as a religious authority. Linke wrote that according to some rabbinical interpretations, "[t]he principle that one's day-to-day life should be governed by halachic considerations is extended to include a sensitivity to psychological concerns" (p. 77).

Moreover, Linke wrote, again describing a rabbinical interpretation, "the Talmud is teaching that prayers must not be performed in a mechanical fashion and that their purpose is to help us switch our attention to deeper levels of reality" (p. 78). Linke did not specifically mention the unconscious, but it is a deeper level of reality that someone truly searching their soul would want to explore.

Forgiveness, acceptance and grace

The process and aim of religion and psychoanalysis can be quite similar, and perhaps at times one and the same. Both can bring a person to a place of forgiveness and acceptance and also grace. Tillich (1952) wrote of divine forgiveness and acceptance in the Lutheran tradition, a belief that "he who is unacceptable is accepted." He continued:

> [O]ne must remind theologians and ministers that in the fight against the anxiety of guilt by psychotherapy the idea of acceptance has received the attention and gained the significance which in the Reformation period was to be seen in phrases like "forgiveness of sins …" (pp. 151-152).

Psychoanalyst Emmanuel Ghent (1990), in a paper describing the process of surrender in analysis, wrote that "[a]cceptance can only happen with surrender. It transcends the conditions that evoked it. It is joyous in spirit and, like surrender, it happens; it cannot be made to happen" (p. 111). Ghent was alluding to the process that patients can go through and experience in analysis.

Ghent's theory recalls Otto's (1923) description of the numinous experience. Otto wrote:

> [I]t may be developed into something beautiful and pure and glorious. It may become the hushed, trembling and speechless humility of the creature in the presence of—whom or what? In the presence of that which is a mystery inexpressible and above all creatures (Location 434).

What Ghent (and Otto) described may not necessarily happen in an analytic session, but it can indeed be part of a patient's – and perhaps the analyst's – ongoing process. As psychoanalysts often find in their work, acceptance in the form of forgiveness and self-forgiveness is an emotional state that patients struggle with the most. Many are not able to achieve it, no matter how much they strive. When they have breakthroughs, when they reach a place of more peace, more understanding, more acceptance, they may well be having a numinous experience. These

moments may be part of what Liebman called the healing instruments of psychology (p. 178) – but they can also be moments in any therapy or analysis.

That forgiveness, and the acceptance and surrender that Ghent explored, can invoke a sense of the grace sought from God by Christians. What constitutes grace varies widely among the Christian denominations. One of the many definitions is this from *The Book of Discipline of the United Methodist Church* (2008): "By grace we mean the undeserved, unmerited, and loving action of God in human existence through the ever-present Holy Spirit" (p. 45). And that "a decisive change in the human heart can and does occur under the prompting of grace and the guidance of the Holy Spirit" (p. 46).

Emmons, Hill, Barrett and Kapic (2017), in their psychological and theological reflections on grace, called grace "a vital psychological need held by all people," one that goes beyond a feeling of acceptance – "a person accepts the fact that they are accepted" (p. 276). The authors quoted from Tillich's (1948) sermon "You Are Accepted," in which he considered grace to be "the unity of life" (Tillich, p. 155) and, according to Emmons et al., "the solution to the human predicament of separation and estrangement from self, others, and from God" (p. 276).

Tillich wrote in his sermon:

> In grace something is overcome; grace occurs "in spite of" something; grace occurs in spite of separation and estrangement. Grace is the *re*union of life with life, the *re*conciliation of the self with itself. Grace is the acceptance of that which is rejected (p. 156, italics original).

Emmons et al. noted that in Christianity, grace is linked to the doctrine of sin and "teaches that God forgives humans of their sin and offers unmerited kindness and love to whomever acknowledges a need to be made right or united with their Creator" (p. 277). In sum, the authors said:

> Grace may be approached and defined both theologically and psychologically, as there are many legitimate vantage points from which to view grace. We define grace as the gift of acceptance given unconditionally and voluntarily to an undeserving person by an unobligated giver (p. 277).

It may be seen as a psychoanalyst's narcissism or hubris to equate God's forgiveness with a patient's self-forgiveness, yet that is the process that many people go through in psychoanalysis. The words of "Amazing Grace," written by John Newton, a one-time slave trader who became a well-known evangelical minister (Hindmarsh and Borlase, 2023, p. *X*) could describe the experience of analytic patients who have reached a place of peace, acceptance and forgiveness of themselves and others:

> I once was lost
>
> But now am found
>
> Was blind
>
> But now I see (p. 154)

Ann Belford Ulanov (1986) found a link between acceptance and grace, calling acceptance "a dominant feature of our sense of heaven-on-earth" and going on to explain:

> We accept the inevitable mixtures of badness and goodness in ourselves and in others. We put aside the goal of perfection and accept a life of completion, of good and bad, with the good somehow outweighing the bad. … We can hope in God's grace to reconcile good and bad in ourselves and in our world (pp. 180-181).

In her practice, Ulanov (2004) has witnessed patients finding their own internal grace. She described the dream of a patient who experiences a letting go:

> He lets go of the ego fictions he has been imposing on his life. He goes into that space of wound to the root-impulse and spontaneously the psyche responds with a dream, begins the process of regenerating life. This feels like grace – if we can receive it, and know we have the receipt for it. He lets his ego be taken down to the empty place. Instead of being dragged there by his neurosis, he consents (Location 4224).

A necessary overlap

It may be a debate for the ages: whether or not there is a symmetry and/or synergy between religion and psychoanalysis. The possibility of an overlap, even a necessary one, between the two predates Freud's vehement insistence on a chasm between religion and psychoanalytic theory. Rabinowitz saw Judaic thought as "sympathetic to the concept of the unconscious" and continued:

> The confluence of Judaism and depth psychology on this issue, the complexity of human behavior, and the reasoning employed to unravel hidden meanings and nuances of

> behavior have led some to maintain that psychoanalysis owes a debt to Judaism (p. 140).

Meissner (1984), a Jesuit priest who became a physician and psychoanalyst, believed that it was necessary for theologians to understand what drives human behavior, and for psychoanalysts to understand the religious experience:

> While theological reflection cannot take place without a presumptive underlying anthropology, it is equally true that the psychological attempt to understand religious experience will remain naïve and misguided unless it is informed to a significant degree by theology (p. 13).

Meissner acknowledged the divide between psychoanalysts and theologians, and that Freud's rigid and reductive perception of religious belief was an obstacle to the theologians' exploration of psychological resources that could help shed light on religious experience. But he noted, without naming Jung or the more spiritual followers of Freud, "other perspectives have emerged to enrich and expand the original Freudian perceptions which consequently promise a considerably more penetrating and nuanced account of religious experience" (p. 14).

Jones (1997) wrote that the relational approach to psychoanalysis offers the possibility of a rapprochement between analytic work and religion (p. 136). Other writers (Goldstein, 2009, p. 46; Meissner, 2008, p. 583) also used the term "rapprochement," and did so deliberately – it is a phase of psychological development during which a child returns to their mother after having taken their first forays into the world on their own (Mahler, Pine and Bergman, 1975, pp. 76-

108). In healthy development, a mother welcomes and nurtures her returning child; many of the theologians and analytic writers cited in this paper see another kind of welcoming and nurturing as more clinicians work with their patients' religious material.

Methodology

Overview

This study aimed at understanding whether and how psychoanalysts work with patients' thoughts and emotions about God, faith, religion and spirituality if the analysts trained at institutes that don't teach how to do that type of exploration. The study used a modified grounded theory methodology, employing a survey of analysts trained at a Freudian-based institute, and the researcher expected to be able to draw conclusions from the responses analysts give to the survey. Brené Brown (n.d.) said of grounded theory methodology, "there is no path and, certainly, there is no way of knowing what you will find."

The analysts surveyed were trained at an institute where the curriculum did not address how to work with patients' faith or spirituality. The survey included both qualitative and quantitative questions about these concerns:

1. What prevents analysts from exploring or encourages them to explore their patients' attitudes and/or beliefs about God.
2. What defines the faith, religion, and/or spirituality of the analyst and their patient(s).
3. What kinds of material do patients bring to their analytic sessions about religious subjects.
4. How analysts respond, emotionally and intellectually, to what their patients bring into the session.

The survey also sought to know how much participants were influenced by Sigmund Freud's (1927) theory of religion as a neurosis to be analyzed or outgrown; whether they agreed with it and whether it was a factor in whether or how they worked with patients' thoughts and feelings about God, religion and spirituality. The survey sought to know what were the other influences/factors in their work – or lack of work – with material about God, religion and spirituality.

Prospective participants were contacted via email, and the survey was conducted using Survey Monkey.

The Survey

The survey (see Appendix B) consisted of 72 multiple-choice and open-ended questions. The participants could answer whichever questions they chose. The questions sought to learn the participants' demographics, their own religious and spiritual beliefs and background, their patients' religiosity and/or spirituality, and how participants worked with patients' feelings and thoughts about God, religion and spirituality.

Participants

The survey was sent to 211 psychoanalysts who were members of a Freudian-based training institute; 47 responded. The participants were sent an email that included a consent agreement and a link. Having consented to participate in this study, the link sent them to SurveyMonkey's website enabling them to access and complete the survey anonymously and confidentially.

SurveyMonkey compiled the results and made only that data available to the researcher; SurveyMonkey did not include any identifying marks on the results or otherwise reveal to the researcher the identities of those who responded. As such, the survey was completely anonymous.

Procedure

The survey was advertised by email to the 211 potential participants on September 27, 2023; it included a link that they could click on to take the survey. They were told the survey would take about 20 minutes as estimated by SurveyMonkey, whose online platform provides software to build surveys, collect data on its website from participants, and present a basic analysis of the survey results. SurveyMonkey makes the analyzed data available to researchers in Microsoft Excel spreadsheets and Adobe Acrobat PDF charts. The researcher purchased a full-priced account at SurveyMonkey.

Participants received a reminder email about the survey on October 4, and the survey closed a week later, on October 11. There were 47 respondents; SurveyMonkey reported that they took an average of 24 minutes to complete the survey.

The researcher was aided in the analysis of the results by a professor at a major northeastern university with expertise in analytic research. The professor provided the researcher with statistical correlation analyses on a number of the questions that had quantitative results; these analyses quantified correlation probabilities of either the positive or negative correlation of the analyzed variables.

The results also included anecdotal, qualitative data that the researcher has included in the results and discussion sections of this paper. Participants submitted the anecdotal data in responses to open-ended questions or in the “Other” alternative found in many of the multiple-choice questions.

Results

This survey was undertaken in hopes of learning whether and how psychoanalysts who trained at an institute based on Freud's theory explored their patients' religious beliefs and how much they adhered to his theories about religion. Psychoanalytic theory began evolving before Freud's death 85 years ago, and generations of analysts have embraced the varying schools of thought that have been developed – although Freud is still a critically important, still dominant influence. But the survey results indicate that although the respondents' psychoanalytic education was based on Freud, when it comes to religion, their psychoanalytic practice doesn't appear to be.

Note: All of the quantitative results including graphs for each question are contained in Appendix C. Some graphs contained in Appendix C have been reformatted for readability and included in this section.

Who were the respondents: Their demographics

The survey was completed by 47 respondents out of 211 psychoanalysts to whom the survey was sent by email. All questions were answered by all 47 respondents except where otherwise specified in this section; where the number of respondents appears to be significant, that will be addressed in the Discussion.

The respondents were asked for their age in Question 1. Twenty-nine (61.70%) said they were over 70 years old, 17 (36.17%) were 55 to 70, one (2.13%) was 40 to 54 and zero (0.00%) were

25 to 39. When asked in Question 2 about their gender, 29 (61.70%) said they were women and 18 (38.30%) said they were men.

When asked in Question 3 what degrees they had earned, 20 (42.55%) said they had a Master of Social Work degree; 15 (31.91%) said they had a Master of Arts degree, nine (19.15%) said they had Ph.D.'s, five (10.64%) said they had a Master of Science degree, two (4.26%) said they had Juris Doctor degrees, one (2.13%) said they had a Doctor of Ministry degree, one (2.13%) had a Master of Fine Arts and 14 (29.79%) said they had Other masters or doctoral degrees including four respondents who had Master of Divinity degrees. The "Other" responses are included in Appendix E. Respondents could check multiple answers, so their responses total more than 100%.

In Question 4, respondents were asked for the focus of their educational development; 34 (72.34%) said psychoanalysis; 17 (36.17%) said social work, 15 (31.91%) said psychology, 13 (27.66%) said literature, seven (14.89%) said art, seven (14.89%) said philosophy, six (12.77%) said religion, four (8.51%) said sociology, four (8.51%) said music, two (4.26%) said law, one (2.13%) said business, and 13 (27.66%) said Other subjects. The "Other" responses are included in Appendix E. Respondents could check multiple answers, so their responses total more than 100%.

When asked in Question 5 for the field that their licenses were in, 26 (55.32%) said psychoanalysis, 20 (42.55%) said social work, three (6.38%) said psychology, one (2.13%) said creative arts therapy and two (4.26%) said their licenses were in Other fields. The "Other"

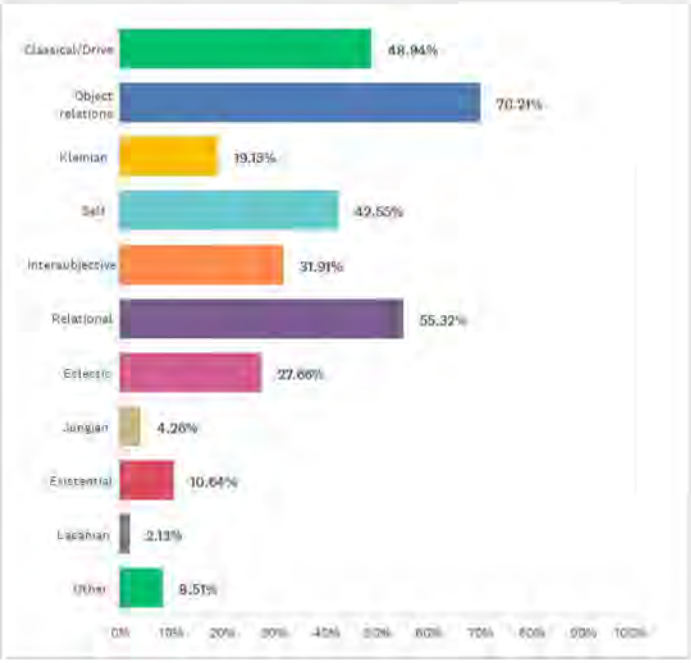
responses are included in Appendix E. Respondents could check multiple answers, so their responses total more than 100%.

In Question 6, respondents were asked how long they had been practicing psychoanalysis. Nineteen (40.43%) said more than 40 years, 13 (27.66%) said 31 to 40 years, six (12.77%) said 21 to 30 years, seven (14.89%) said 11 to 20 years and two (4.26%) said zero to 10 years.

Respondents and psychoanalytic theory

Figure 1

Respondents' theoretical approach



Question 7 asked respondents to describe their theoretical approach to psychoanalytic work. Thirty-three (70.21%) said they used an object relations approach, 26 (55.32%) cited relational psychoanalysis, 23 (48.94%) cited classical/drive theory, 20 (42.55%) said they used self

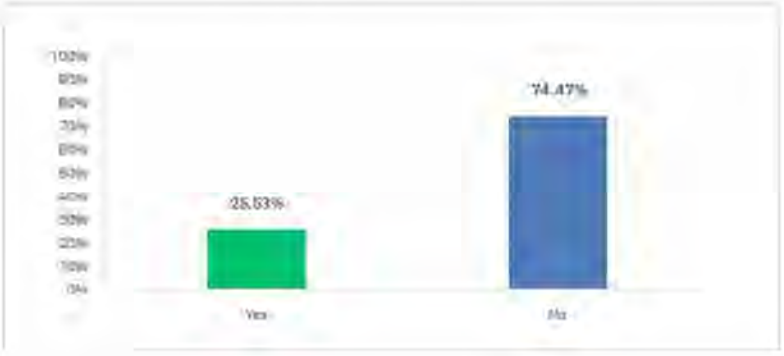
psychology, 15 (31.91%) said intersubjective, 13 (27.66%) said they were eclectic, nine (19.15%) said they were Kleinian, five (10.64%) said they were existential, two (4.26%) cited Jung, one (2.13%) said they were Lacanian and four (8.51%) cited Other psychoanalytic approaches. The "Other" responses are included in Appendix E. Respondents could check multiple answers, so their responses total more than 100%. The results are illustrated in Figure 1.

When correlations were explored between respondents' theoretical inclination and how they work with patients' material about God, religion, faith, and spirituality, the results were generally insignificant. That is likely a reflection of the broad spectrum of psychoanalytic theory and analysts' personal style of working with patients.

Respondents were given the opportunity in Question 10 to name the theorists they relied on when patients talked about religion. Those responses give a more detailed picture of respondents' theoretical inclination than the answers to Question 7.

Figure 2

Did respondents' training prepare them to work with patients' material about God and religion

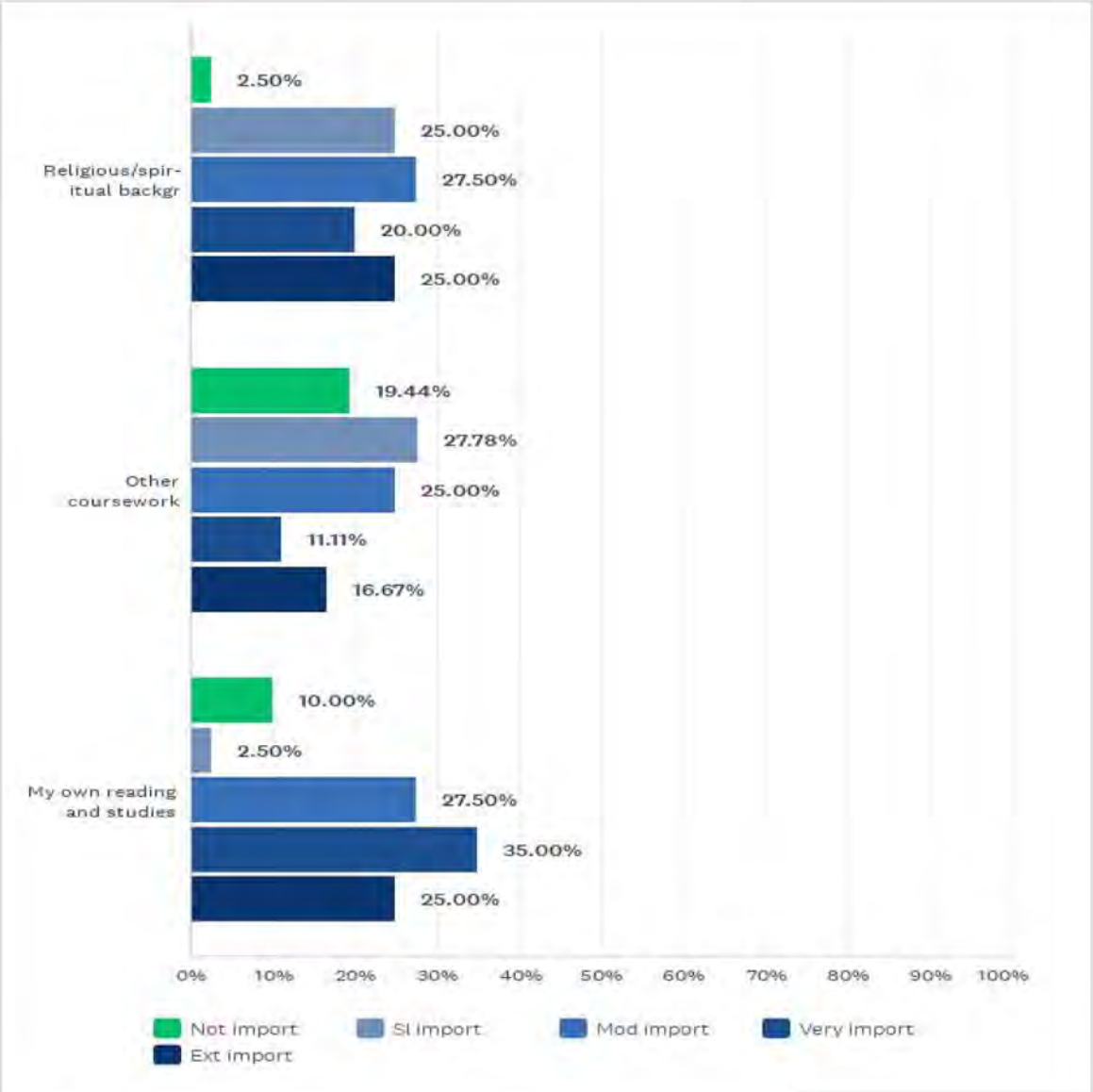


Question 8 asked respondents whether they trained at a psychoanalytic institute whose curriculum prepared them to work with and explore patients' conscious or unconscious material about God, faith, religion and/or spirituality; 12 (25.53%) said yes and 35 (74.47%) said no. The results are illustrated in Figure 2.

Despite the preponderance of "no" responses in Question 8, the answers to the subsequent questions are evidence that while respondents' institute did not train them to work with patients' material about God and religion, this does not mean the respondents were unskilled or uninterested in exploring those topics.

Figure 3

How respondents prepared themselves to work with patients' material about God



Key

Religious/spiritual backgr – My own religious or spiritual background

Other coursework – Coursework in other educational settings

My own reading and studies – My own reading and studies

Not import – Not at all important

Sl import – Slightly important

Mod import – Moderately important

Very import – Very important / Ext import – Extremely important

In Question 9, respondents were asked, if they had answered “no” to Question 8 but were comfortable exploring patients’ conscious or unconscious material about God, faith, religion and/or spirituality, which of three alternatives served as their background basis, and how important was each alternative to their development?

The first alternative was “my own religious or spiritual background”; 40 respondents answered this question. One (2.50%) said this was not at all important, 10 (25.00%) said it was slightly important, 11 (27.50%) said it was moderately important, eight (20.00%) said it was very important and 10 (25.00%) said it was extremely important.

The second alternative was “coursework in other educational settings”; 36 respondents answered this question. Seven (19.44%) said it was not at all important, 10 (27.78%) said it was slightly important, nine (25.00%) said it was moderately important, four (11.11%) said it was very important and six (16.67%) said it was extremely important.

The third alternative was “my own reading and studies”; 40 respondents answered this question. Four (10.00%) said it was not at all important, one (2.50%) said it was slightly important, 11 (27.50%) said it was moderately important, 14 (35.00%) said it was very important and 10 (25.00%) said it was extremely important.

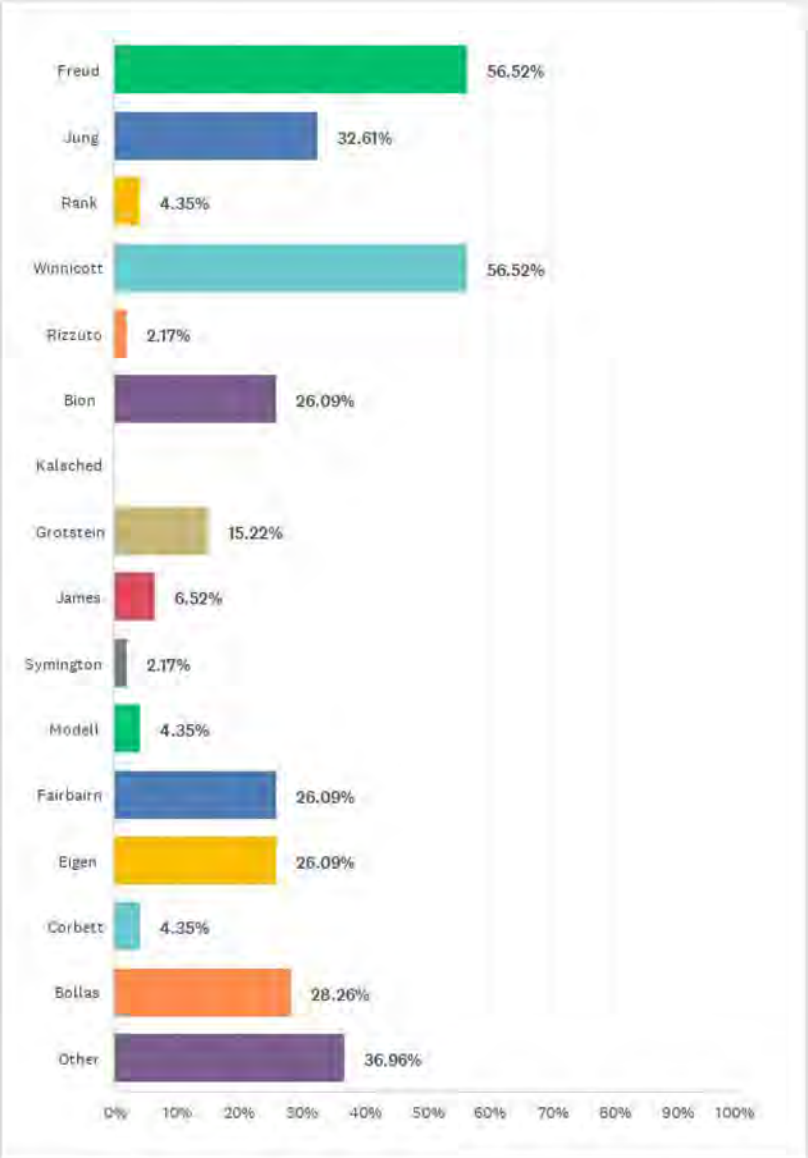
The results for Question 9 are illustrated in Figure 3.

The responses to this question indicate that a preponderance of the respondents were motivated to fill in the gaps left by their institute training, turning to either coursework in other educational settings or their own independent reading to increase their skills in working with

patients' religious material. Nearly 98% of the respondents to this question were grounded by their own religious or spiritual background as they worked with religious material.

Figure 4

Theorists that respondents relied on for guidance in working with God, faith, religion



Respondents were asked in Question 10 which theorists guided them when patients brought material about religion into sessions. Respondents were able to check off multiple answers, so their responses total more than 100%. Forty-six respondents answered this question. Their answers: Freud, 26 (56.52%); Winnicott, 26 (56.52%); Jung, 15 (32.61%); Bollas, 13 (28.26%); Bion, 12 (26.09%); Fairbairn, 12 (26.09%); Eigen, 12 (26.09%); Grotstein, seven (15.22%); James, three (6.52%); Rank, two (4.35%); Modell, two (4.35%); Corbett, two (4.35%); Rizzuto, one (2.17%); Symington, one (2.17%); Kalsched, zero (0.00%); Other, 17 (36.96%). The "Other" responses are included in Appendix E.

That roughly a third of respondents relied on Jung may be somewhat paradoxical considering that 4.26% of the respondents in Question 7 described themselves as Jungian. The results of Question 10 are illustrated in Figure 4.

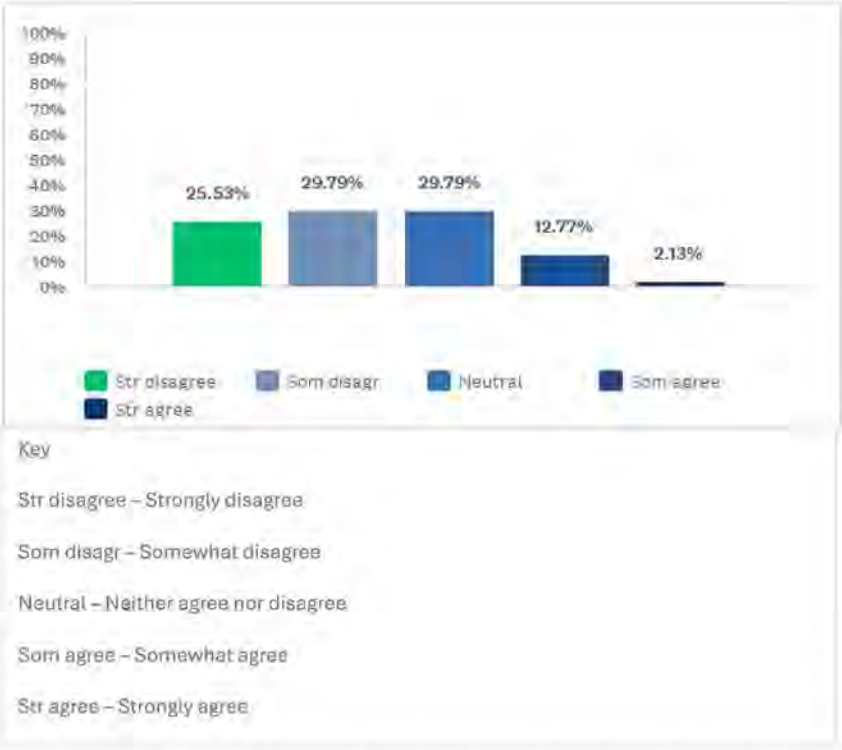
The correlation analysis revealed a 30.79% likelihood of a significant positive correlation between respondents' reliance on Jung and their reporting joy when patients mentioned God (Question 61). The correlation analysis revealed an identical 30.79% likelihood of a significant positive correlation between respondents' reliance on Jung and their reporting exhilaration when patients mentioned God (Question 61).

These theorists represent a broad spectrum of psychoanalytic thought as it intersects with – or in the case of Freud, avoids -- religion. The list is not exhaustive; there are many others including some that are cited in this paper, and the respondents who chose the "Other" alternative cited Fromm, Kohut and sources including Buddhism and their instructors. The results indicate that respondents are eclectic and open to the varying points of view; that is especially apparent from

the fact that Freud and Winnicott, with opposing approaches, were cited by an equal number of respondents. They were the most cited and Jung, whose ideas about religion Freud rejected, was third.

Figure 5

How much do respondents agree with Freud's views on religion



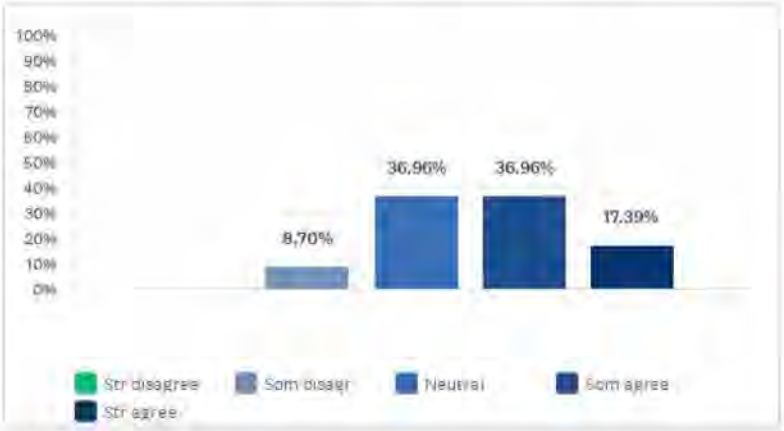
In Question 11, which asked respondents how much they agreed with Freud's theories that religious belief is a neurosis that should be analyzed or outgrown (1927, p. 43), 12 (25.53%) said they strongly disagreed with Freud, 14 (29.79%) said they somewhat disagreed with him, 14 (29.79%) said they neither agreed nor disagreed with Freud, six (12.77%) somewhat agreed with him and one (2.13%) strongly agreed with him. The results are illustrated in Figure 5.

It is notable that less than 15% of the respondents definitely agreed with Freud while over half disagreed with him. However, no matter which view the respondents held, their answers to subsequent questions indicated that they generally were able to explore their patients' feelings about religion and God.

Questions 12 through 14 asked respondents whether they agreed with Jung's concepts of the Self and the Self and God.

Figure 6

Respondents' reaction to Jung's concept of the Self as embracing conscious and unconscious



Key

Str disagree – Strongly disagree

Som disagr – Somewhat disagree

Neutral – Neither agree nor disagree

Som agree – Somewhat agree

Str agree – Strongly agree

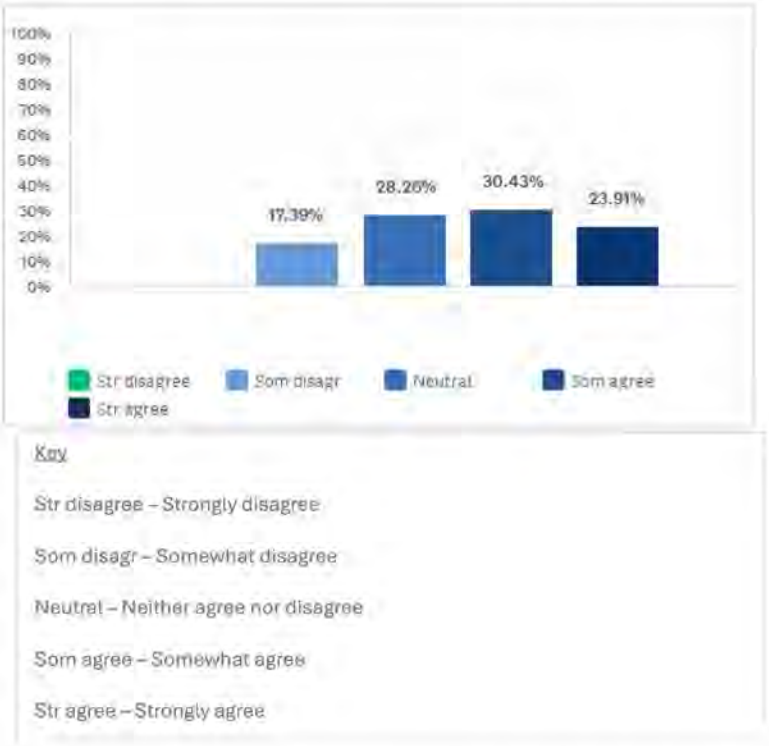
In Question 12, respondents were asked to what extent they agreed with this statement:

"The Self is not only the centre, but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of consciousness" (Jung, C.G., 1953. *Collected Works of C.G. Jung, Volume 12,* p. 41. Princeton University Press, Kindle Edition. Retrieved from Amazon.com.). No respondents (0.00%) said they strongly disagreed with the statement, four (8.70%) said they somewhat disagreed with it, 17 (36.96%) neither agreed nor disagreed, 17 (36.96%) somewhat agreed and eight (17.39%) strongly agreed. The question was answered by 46 respondents. The results are illustrated in Figure 6.

The fact that more than half the Freudian-trained respondents agree with Jung's concept of the Self in Question 12 and Question 13 indicates the open approach these analysts take toward psychoanalytic work. It also indicates that many are open to a more spiritual approach than Freud's. It should be noted, as discussed earlier, that Jung's concept of the mind was radically different from Freud's and contributed to the schism between the two theorists.

Figure 7

Respondents' reaction to Jung's concept of the Self as a unifying principle within the psyche

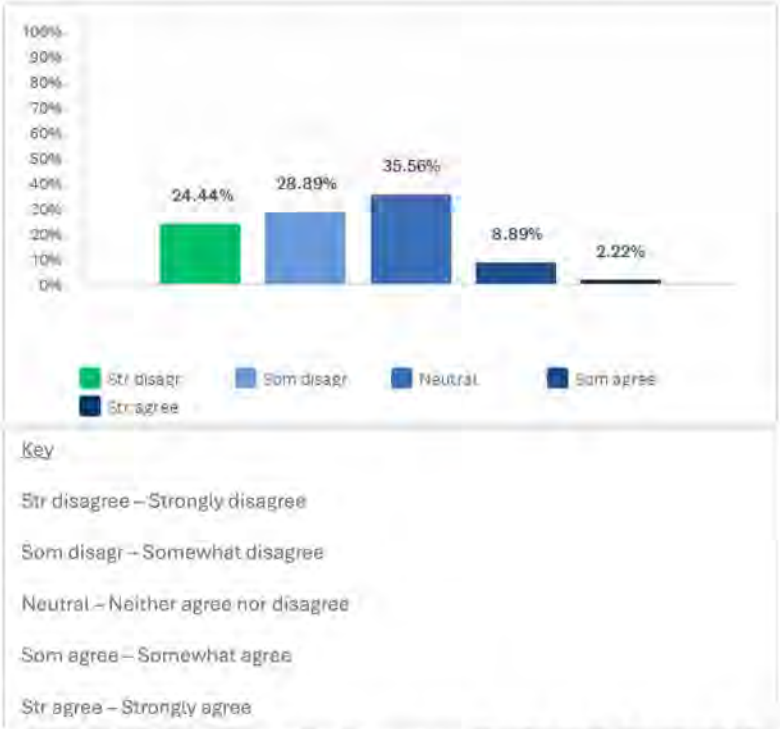


In Question 13, respondents were asked to what extent they agreed with this statement:

"The Self as a unifying principle within the human psyche occupies the central position of authority in relation to psychological life and, therefore, the destiny of the individual." (Samuels, A., Shorter, B., and Plaut, F., 1986. *A Critical Dictionary of Jungian Analysis,* p. 135. Taylor and Francis, Kindle Edition. Retrieved from Amazon.com.) No respondents (0.00%) said they strongly disagreed with the statement, eight (17.39%) said they somewhat disagreed with it, 13 (28.26%) neither agreed nor disagreed, 14 (30.43%) somewhat agreed and 11 (23.91%) strongly agreed. The question was answered by 46 respondents. The results are illustrated in Figure 7.

Figure 8

Respondents' reaction to Jung's concept of the Self and its similarity to a God-image



In Question 14, respondents were asked to what extent they agreed with this statement: "One cannot consider the concept of the Self apart from its similarity to a God-image ..." (Samuels, A., et al, 1986, p. 135.) Eleven (24.44%) said they strongly disagreed with the statement, 13 (28.89%) said they somewhat disagreed with it, 16 (35.56%) neither agreed nor disagreed, four (8.89%) somewhat agreed and one (2.22%) strongly agreed. The question was answered by 45 respondents. The results are reflected in Figure 8.

In Question 14, more than half of the respondents definitely disagreed with Jung's concept, which by likening the Self to a God-image might be too far from their Freudian roots. However,

in Question 10, nearly a third of the respondents cited Jung as one of the theorists that guided them in their work with patients' religious material.

Respondents and numinous and daimonic experiences

In Question 15, which asked whether respondents have had a numinous experience, a transcendent experience bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror (Otto, 1923, Location 434), 31 (67.39%) said yes, six (13.04%) were not sure and nine (19.57%) said no. The question was answered by 46 respondents.

Question 16 asked respondents, if they have had a numinous experience, to give a brief example. Twenty-eight respondents answered this question, which sought open-ended answers. These are among the responses:

> In one instance walking from indoors to outdoors and immediately being struck by the brilliance and the warmth of the daylight around me; in another, walking down a mid-town street (NYC) aware of feeling very alive and connected to everything around me.
>
> After my brother's suicide, I was blinded by the sunlight and had a transformative recognition that I was not the center of the universe. At the age of 18.
>
> A (mystical) sense that the boundaries between myself and the universe vanished and a consciousness of an oceanic unity that was beyond ego identity.

> Transcendent moments -- privileged moments of being -- occur frequently via a gorgeous piece of music, my daughter reaching for my hand, a patient having a sudden deep understanding of something.

All of the responses to this question are included in Appendix D**.**

Question 17 asked of respondents who have had a numinous experience whether it has helped their ability to discuss God, religion, faith or spirituality with patients; 24 (66.67%) said yes and 12 (33.33%) said no. The question was answered by 36 respondents.

That two-thirds of the respondents felt enabled by their own numinous experiences to help patients indicates that they are capable of transcending the classical/drive approach to psychoanalytic work that focuses on symptoms, instincts and defenses. This is reinforced by some of the respondents' answers to the open-ended questions including their descriptions of patients' numinous experiences.

In Question 18, which asked whether respondents have personally had a numinous experience during a session with a patient, nine (20.93%) said yes, eight (18.60%) were not sure and 26 (60.47%) said no. The question was answered by 43 respondents.

Question 19 asked respondents to briefly describe a numinous experience they had with a patient. This question sought open-ended answers; they are included in Appendix D**.** Fourteen respondents answered this question.

Question 20 asked whether respondents have had a daimonic experience, one where they had a sense of being between the material world and a sacred space; 13 (27.66%) said yes, seven (14.89%) were not sure and 27 (57.45%) said no.

Kalsched (2013) defined daimonic as "a hybrid form of existence within the mytho-poetic world participating in both material and spiritual reality. In Plato's *Republic* (1961) daimons are described as intermediate beings halfway between mortal and immortal existence – halfway between god and man" (p. 316, parentheses original).

Question 21 asked respondents to give a brief example of a daimonic experience they've had. This question sought open-ended answers; these are among the responses:

> On LSD, watching a spider spinning its web.
>
> I was near death, saw white light and almost died.
>
> Playing music at a festival in France and I had an experience playing where I forgot who I was and people I love could hear I got somewhere special playing.
>
> Experience can best be described as being an observing participant of a greater whole.

All of the responses to this question are included in Appendix D. Seventeen respondents answered this question.

Respondents and religion, spirituality and God

Figure 9

Do respondents believe in God

Question 22 asked whether respondents believed in God; 14 (31.11%) said yes, 10 (22.22%) said they weren't sure and 21 (46.67%) said no. The question was answered by 45 respondents. The results are illustrated in Figure 9.

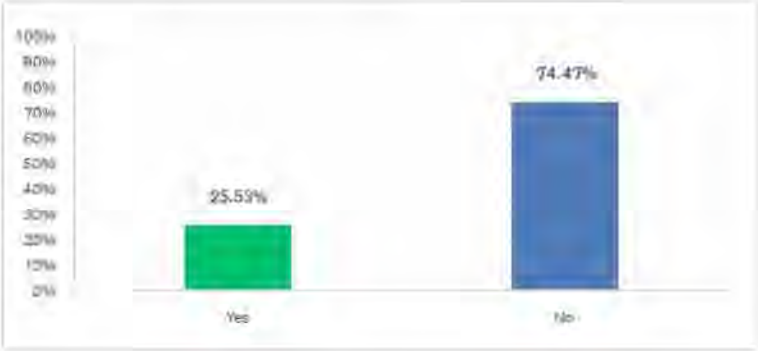
The correlation analysis revealed a 28.99% likelihood of a significant positive correlation between respondents' belief in God and their reporting joy when patients mentioned God (Question 61). The correlation analysis revealed an identical 28.99% likelihood of a significant positive correlation between respondents' belief in God and their reporting exhilaration when patients mentioned God (Question 61).

The correlation analysis revealed a 28.79% likelihood of a significant positive correlation between respondents' belief in God and their reporting that they felt prepared to explore, without an agenda or goal, a patient's faith and beliefs (Question 62).

Question 23 asked respondents to find the alternative that applied to their faith and spiritual background. Respondents could check multiple answers, so their responses total more than 100%. Their responses: Catholic (no denomination specified), four (8.51%); Roman Catholic, six (12.77%); Byzantine Catholic, zero (0.00%); Armenian Catholic, zero (0.00%); Ukrainian Catholic, zero (0.00%); other Catholic, zero (0.00%); Eastern Orthodox (no denomination specified), zero, (0.00%); Greek Orthodox, zero (0.00%); Russian Orthodox, one (2.13%); Ukrainian Orthodox, zero (0.00%); other Eastern Orthodox, one (2.13%); Protestant (no denomination specified), five (10.64%); Episcopalian, four (8.51%); Lutheran, three (6.38%); Evangelical, zero (0.00%); Methodist, two (4.26%); Baptist, one (2.13%); Southern Baptist, zero (0.00%); Pentecostal, zero (0.00%); Presbyterian, four (8.51%); United Church of Christ/Congregationalist, one (2.13%); Unitarian/Universalist, zero (0.00%); Reformed, three (6.38%); Friends, zero (0.00%); other Protestant, one (2.13%); Jewish (no tradition specified), 22 (46.81%); Orthodox Jewish, five (10.64%); Conservative Jewish, six (12.77%); Reform Jewish, nine (19.15%); Reconstructionist Jewish, seven (14.89%); Renewal Jewish, two (4.26%); Unaffiliated Jewish, 10 (21.28%); other Jewish, three (6.38%); Muslim (tradition unspecified), zero (0.00%); Sunni Muslim, zero (0.00%); Shi'ite Muslim, zero (0.00%); other Muslim tradition, zero (0.00%); Buddhist, nine (19.15%); Hindu, one (2.13%); Zoroastrian, zero (0.00%); Baha'I, zero (0.00%); Scientology, zero (0.00%); Atheist, seven (14.89%); Agnostic, six (12.77%); Ethical Culture, five (10.64%); Questioning, four (8.51%); Other, eight (17.02)%; None of the above, two (4.26%). The "Other" responses are included in Appendix E.

Figure 10

How religious are respondents



Question 24 asked respondents if they would describe themselves as religious; 12 (25.53%) said yes and 35 (74.47%); said no. The results are reflected in Figure 10.

The correlation analysis revealed a 53.61% likelihood of a significant positive correlation between how religious respondents are and their reporting that they felt prepared to explore, without an agenda or goal, a patient's faith and beliefs (Question 62).

In Question 25, respondents were asked if they described themselves as a spiritual person; 28 (59.57%) said yes, 12 (25.53%) were not sure and seven (14.89%) said no.

Question 26 asked where respondents found the greatest expression of faith, religion and/or spirituality. Respondents could check multiple answers, so their responses total more than 100%. These were the responses: in Nature, 36 (76.60%); in personal prayer, 11 (23.40%); in formal worship, nine (19.15%); in traditional family settings (like the Passover seder or baptisms), 14 (29.79%); in meditation, 16 (34.04%); in creative expression, 22 (46.81%); in

physical activity (like exercise, skiing, dancing, swimming, walking, etc.), 16 (34.04%); Other, 16 (34.04%); None of the above, one (2.13%). The "Other" responses are included in Appendix E.

With more than three-quarters of the respondents finding faith, religion and/or spirituality in Nature, this is another indication that they are open to hearing and exploring patients' feelings about these subjects. Nearly half the respondents in Question 22 said they did not believe in God, but respondents' openness to spirituality likely makes them interested in how patients feel about God.

Figure 11

How religious were respondents' families of origin

Question 27 asked respondents how religious their families of origin were. Seven (14.89%) said not at all, 15 (31.91%) said slightly, 13 (27.66%) said moderately, nine (19.15%) said very and three (6.38%) said extremely. The results are reflected in Figure 11.

Question 28 asked respondents if their mothers believed in God; 24 (53.33%) said yes, 10 (22.22%) weren't sure and 11 (24.44%) said no. The question was answered by 45 respondents.

Question 29 asked respondents if their mothers taught or spoke to them about God. Fourteen (29.79%) said yes and 33 (70.21%) said no.

Question 30 asked respondents if their fathers believed in God; 24 (51.06%) said yes, 10 (21.28%) weren't sure and 13 (27.66%) said no.

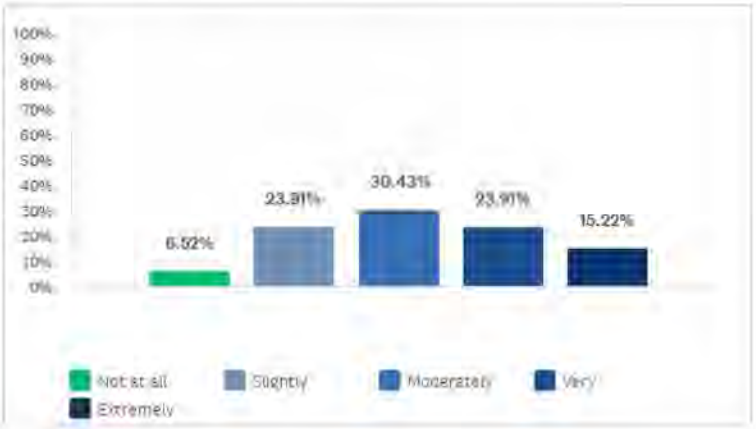
Question 31 asked respondents if their fathers taught or spoke to them about God. Twelve (25.53%) said yes and 35 (74.47%) said no.

Question 32 asked if another family member or person taught respondents about God. Eighteen (38.30%) said yes and 29 (61.70%) said no.

Question 33 asked who was the family member or other person who taught respondents about God. Twenty-two respondents answered this question. Respondents could check multiple answers, so their responses total more than 100%. Their responses were, grandmother, eight (36.36%); grandfather, six (27.27%); aunt, six (27.27%); uncle, four (18.18%); cousin, seven (31.82%); clergy, 11 (50.00%); teacher, 10 (45.45%); coach, zero (0.00%); neighbor, two (9.09%); mentor, three (13.64%); Other, nine (40.91%). The "Other" responses are included in Appendix E. The question was answered by 22 respondents.

Figure 12

How important is spirituality to respondents



Question 34 asked respondents how important spirituality is in their lives. Three (6.52%) said not at all, 11 (23.91%) said slightly, 14 (30.43%) said moderately, 11 (23.91%) said very and seven (15.22%) said extremely. The question was answered by 46 respondents. The results are reflected in Figure 12.

All but about 7% of the respondents said spirituality is important in their lives, and nearly 40% said it was very or extremely important. These responses are further indications of an openness to hear something spiritual from patients. The responses may also indicate that respondents are not concerned about the symptoms and defenses that Freud focused on in his theories about religion.

Question 35 asked respondents how important spirituality is in their practice. Fifteen (32.61%) said not at all, 13 (28.26%) said slightly, 13 (28.26%) said moderately, two (4.35%) said very and three (6.52%) said extremely. The question was answered by 46 respondents.

In Question 36, respondents were asked how religiously observant they were; 23 (50.00%) said not at all, 11 (23.91%) said slightly, eight (17.39%) said moderately, four (8.70%) said very and zero (0.00%) said extremely. The question was answered by 46 respondents.

Question 37 asked, “How often do you pray?” Twenty-three (51.11%) of the respondents said never, five (11.11%) said only when they were in a religious service, eight (17.78%) said they prayed only when they felt troubled in some way, five (11.11%) said they prayed once a day and four (8.89%) said they prayed several times a day. The question was answered by 45 respondents.

In Question 38, the respondents were asked about their image of God. Respondents could check multiple answers, so their responses total more than 100%. These are their responses: like Michelangelo’s, does God have fingers and toes?, zero (0.00%); another human form, zero (0.00%); like a column of smoke or a pillar of fire, zero (0.00%); like one of their parents or grandparents, one (2.13%); “I view God as not being separate from myself and/or the universe in general”, 18 (38.30%); Other, 11 (23.40%); None of the above, 21 (44.68%). The “Other” responses are included in Appendix E.

Question 39 asked what God is capable of doing for the respondents. Respondents could check multiple answers, so their responses total more than 100%. Their responses: bringing about change in my life, eight (17.02%); supporting me or giving me strength, 12 (25.53%); helping me find answers to questions or concerns, seven (14.89%); judging me, two (4.26%); helping to strengthen my conscience, six (12.77%); accompanying me as I go through life, 11 (23.40%);

Other, four (8.51%); None of the above, 29 (61.70%). The "Other" responses are included in Appendix E.

More than 60% of the respondents chose "None of the above." Yet there were significant positive correlations between respondents' answers about their own beliefs and their patients'. The correlations are detailed in the results for Question 51.

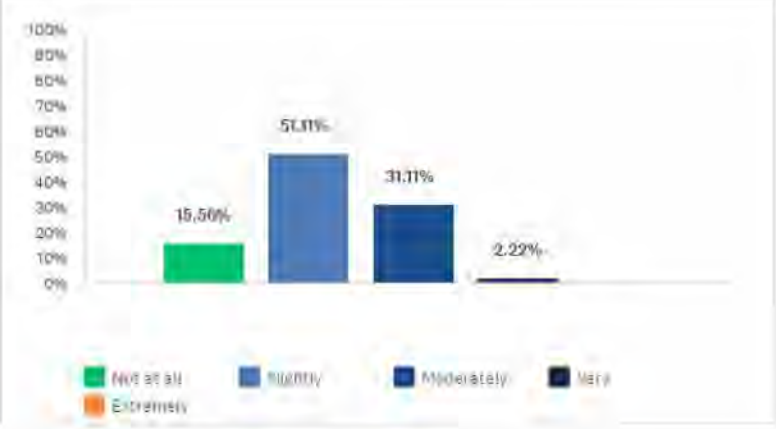
Question 40 asked if respondents believe God is the Creator. Eight (17.39%) said yes, 13 (28.26%) were not sure and 25 (54.35%) said no. The question was answered by 46 respondents.

Question 41 asked respondents who answered "yes" to Question 40, "what is God's role as the Creator?" This question sought open-ended answers; they are included in Appendix D. Twelve respondents answered this question.

Patients and religion

Figure 13

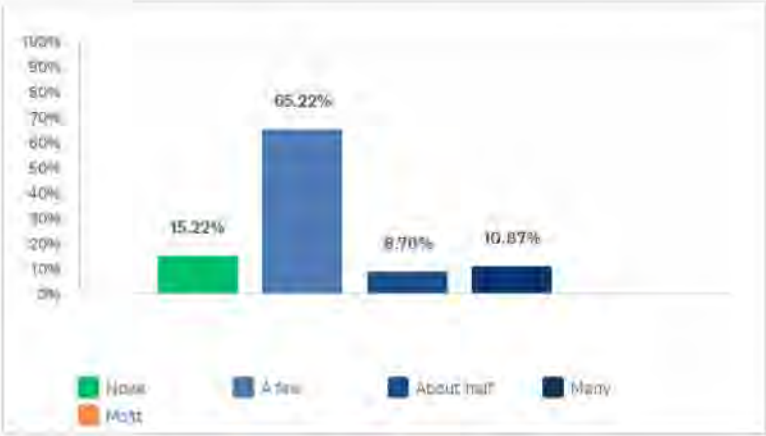
How religious are respondents' patients generally



Starting with Question 42, the survey focused on patients and religion. This question asked respondents how religious their patients were generally. Seven (15.56%) said not at all, 23 (51.11%) said slightly, 14 (31.11%) said moderately, one (2.22%) said very and zero (0.00%) said extremely. The question was answered by 45 respondents. The results are illustrated in Figure 13.

Figure 14

How many patients have talked about their faith in God



Question 43 asked respondents about the number of their patients who have talked about their faith in God. Seven (15.22%) said none, 30 (65.22%) said a few, four (8.70%) said about half of their patients, five (10.87%) said many and zero (0.00%) said most. The question was answered by 46 respondents. The results are illustrated in Figure 14.

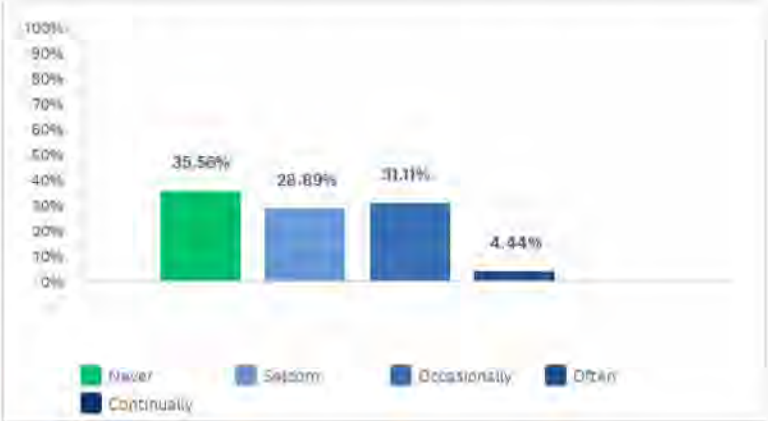
The correlation analysis revealed a 48.65% likelihood of a significant positive correlation between respondents' belief in God (Question 22) and the number of patients who have talked about their faith in God.

The correlation analysis revealed a 38.72% likelihood of a significant positive correlation between how religious respondents are (Question 24) and the number of patients who have talked about their faith in God.

The responses to Question 43 and the next five questions (Questions 44 through 48) likely reflect the fact that most patients come to psychoanalysis – or other forms of mental health care – because of personal or emotional problems, not because of struggles with faith. The topic of God or religion may come up in the course of talking about their presenting issues. However, the correlations reported for Question 43 and the following five questions may indicate patients' unconscious connection with an analyst with faith or who is religious. This will be further considered in the Discussion section.

Figure 15

How often do patients talk about their love of God



Question 44 asked how often patients have talked about their love of God. Sixteen (35.56%) respondents said never, 13 (28.89%) said seldom, 14 (31.11%) said occasionally, two (4.44%)

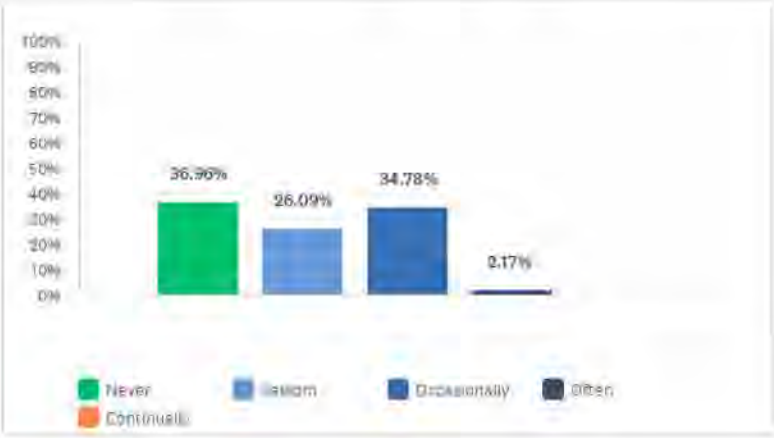
said often and zero (0.00%) said continually. The question was answered by 45 respondents. The results are illustrated in Figure 15.

The correlation analysis revealed a 39.93% likelihood of a significant positive correlation between respondents' belief in God (Question 22) and how often patients have talked about their love of God.

The correlation analysis revealed a 37.02% likelihood of a significant positive correlation between how religious respondents are (Question 24) and how often patients have talked about their love of God.

Figure 16

How often do patients talk about their anger at God



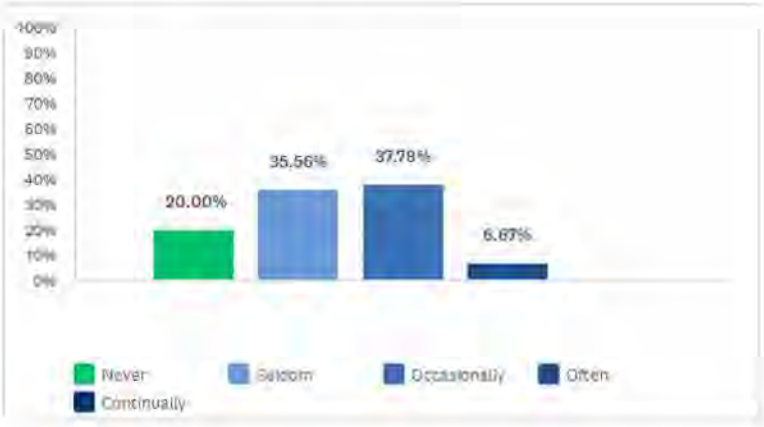
In Question 45, respondents were asked how often patients have talked about their anger at God. Seventeen (36.96%) said never, 12 (26.09%) said seldom, 16 (34.78%) said occasionally, one (2.17%) said often and zero (0.00%) said continually. The results are reflected in Figure 16. The question was answered by 46 respondents.

The correlation analysis revealed a 38.24% likelihood of a significant positive correlation between respondents' belief in God (Question 22) and how often patients have talked about their anger at God.

The correlation analysis revealed a 54.27% likelihood of a significant positive correlation between how religious respondents are (Question 24) and how often patients have talked about their anger at God.

Figure 17

Patients' struggle with belief in God



Respondents were asked in Question 46 how often their patients have talked about their struggles with belief in God. Nine (20%) said never, 16 (35.56%) said seldom, 17 (37.78%) said occasionally, three (6.67%) said often and zero (0.00%) said continually. The question was answered by 45 respondents. The results are illustrated in Figure 17.

The correlation analysis revealed a 32.67% likelihood of a significant positive correlation between how religious respondents are (Question 24) and how often patients have talked about their struggles with belief in God.

Figure 18

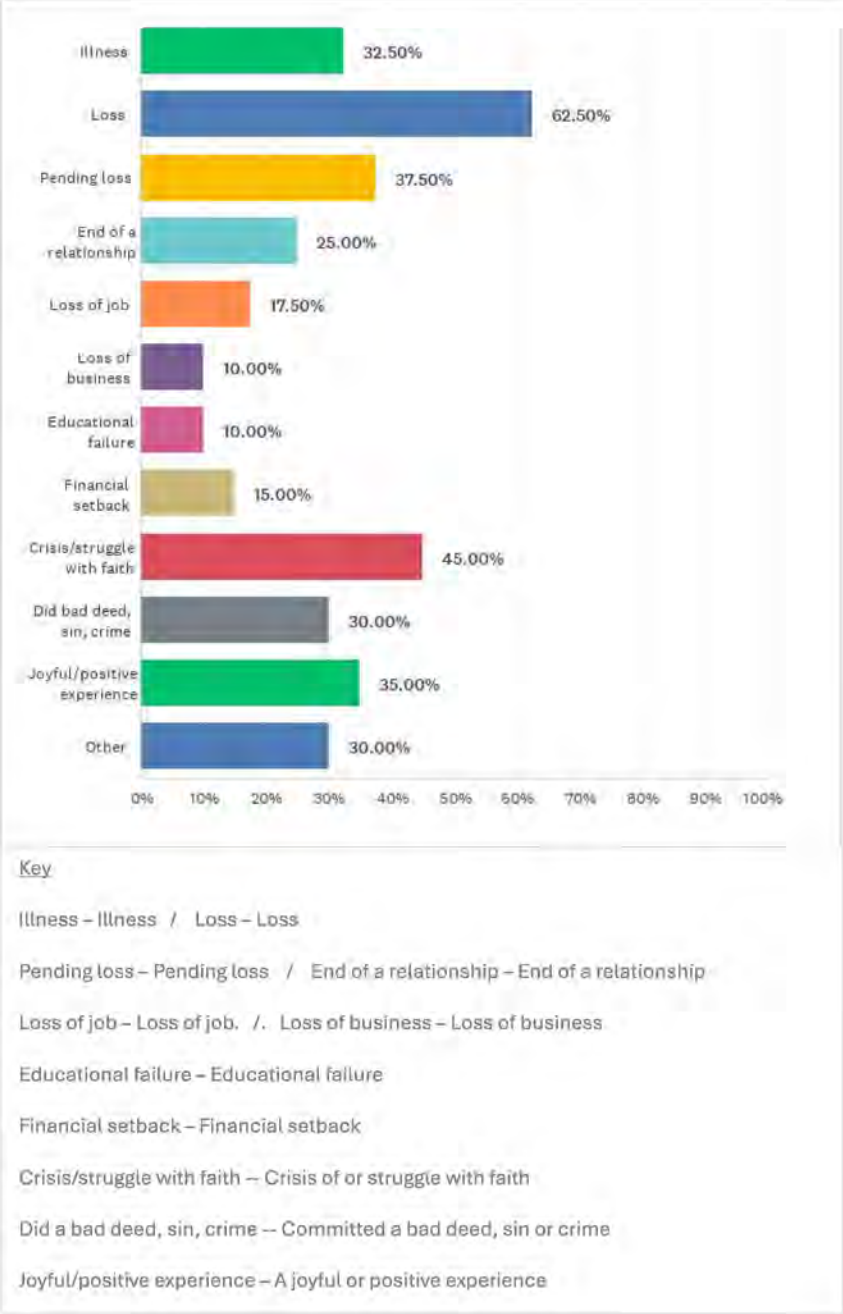
When do patients talk about God, faith, religion

Question 47 asked how the subject of God, faith or religion has come up during sessions. Respondents could check multiple answers, so their responses total more than 100%. The question was answered by 44 respondents. Their responses were: dream material, 16 (36.36%); at the start of a session, two (4.55%); during the course of the patient's reportage, 34 (77.27%); in response to an interpretation/intervention, seven (15.91%); the respondent asked during

intake interview/first session, five (11.36%); Other, eight (18.18%). The "Other" responses are included in Appendix E. The results are reflected in Figure 18.

Figure 19

What leads patients to talk about God



Respondents were asked in Question 48 what circumstances in patients' lives have led them to talk about God. Respondents were able to check multiple answers. Forty respondents answered the question. Their responses were: illness, 13 (32.50%); loss, 25 (62.50%); pending loss, 15 (37.50%); end of a relationship, 10 (25.00%); loss of job, seven (17.50%); loss of business, four (10.00%); educational failure, four (10.00%); financial setback, six (15.00%); crisis of or struggle with faith, 18 (45.00%); committed a bad deed, sin or crime, 12 (30.00%); a joyful or positive experience, 14 (35.00%); Other, 12 (30.00%). The "Other" responses are included in Appendix E. The results are reflected in Figure 19.

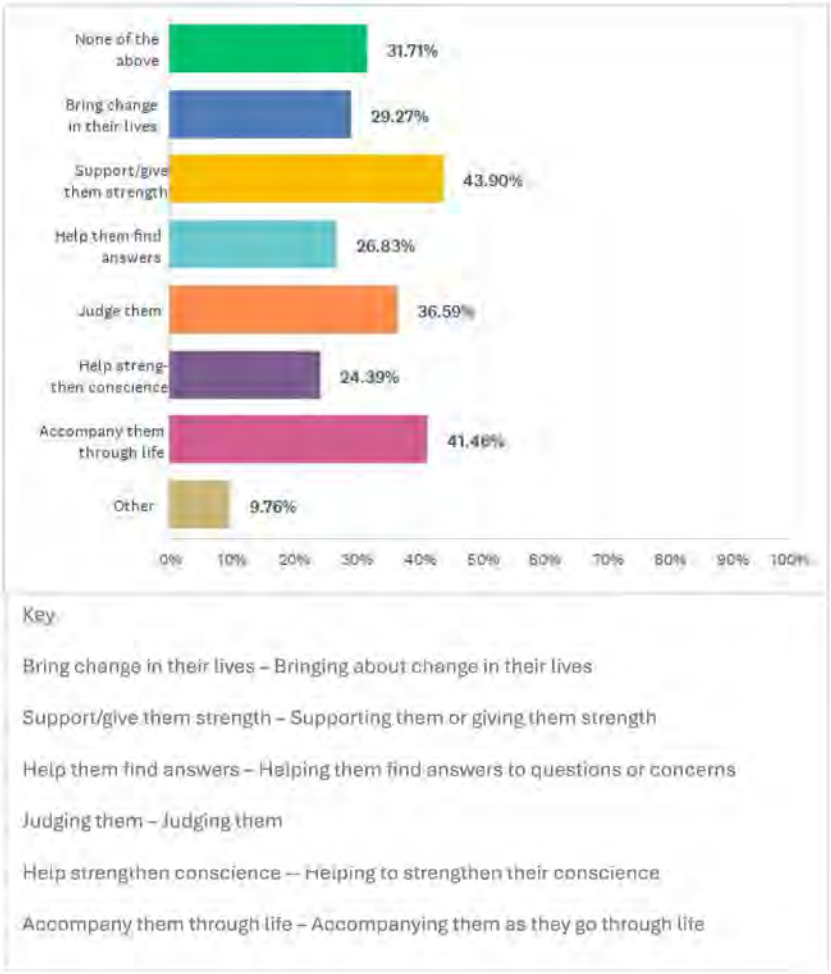
Question 49 asked respondents to describe an occasion when a patient spoke about their faith in God, their love of God or their anger at God. This question sought open-ended answers; they are included in Appendix D**.** Thirty-four respondents answered this question.

Question 50 asked what patients' God looks like. Respondents could check multiple answers, so their responses total more than 100%. Their responses were: like Michelangelo's, does God have fingers and toes?, three (7.50%); another human form, four (10.00%); like a column of smoke or a pillar of fire, one (2.50%); like one of their parents or grandparents, zero (0.00%); patients view God as not being separate from themselves and/or the universe in general, seven (17.50%); Other, 15 (37.50%); None of the above, 14 (35.00%). The "Other" responses are included in Appendix E. The question was answered by 40 respondents.

Question 50 and the next three (Questions 51 through Question 53) indicate that some of the respondents explored patients' feelings and thoughts to the extent that the analysts knew a great deal about their patients' God.

Figure 20

What does God do for patients



Question 51 asked what God is capable of doing for patients. Respondents could check multiple answers, so their responses total more than 100%. Forty-one respondents answered; these are their responses: bringing about change in their lives, 12 (29.27%); supporting them or giving them strength, 18 (43.90%); helping them find answers to questions or concerns, 11 (26.83%); judging them, 15 (36.59%); helping to strengthen their conscience, 10 (24.39%); accompanying

them as they go through life, 17 (41.46%); Other, four (9.76%); None of the above, 13 (31.71%). The “Other” responses are included in Appendix E. The results are illustrated in Figure 20.

There were significant positive correlations between some of patients’ feelings about what God is capable of doing for them and what respondents feel God is capable of doing for them (Question 39).

The correlation analysis revealed a 38.40% likelihood of a significant positive correlation between God’s being capable of bringing about change in patients’ lives and God’s being capable of bringing about change in respondents’ lives.

The correlation analysis revealed a 34.17% likelihood of a significant positive correlation between God’s being capable of supporting patients or giving them strength and God’s being capable of supporting respondents or giving them strength.

The correlation analysis revealed a 33.33% likelihood of a significant positive correlation between God’s being capable of helping patients find answers to questions or concerns and God’s being capable of helping respondents find answers to questions or concerns.

The correlation analysis revealed a 30.79% likelihood of a significant positive correlation between God’s being capable of judging patients and God’s being capable of judging respondents.

The correlation analysis revealed a 42.43% likelihood of a significant positive correlation between God’s being capable of strengthening patients’ conscience and God’s being capable of strengthening respondents’ conscience.

The correlation analysis revealed a 42.06% likelihood of a significant positive correlation between God's being capable of accompanying patients as they go through life and God's being capable of accompanying respondents as they go through life.

In Question 52, respondents were asked, "Do any of your patients believe God is the Creator?" Sixteen (34.78%) said yes, 26 (56.52%) weren't sure and four (8.70%) said no. The question was answered by 46 respondents.

Question 53 asked respondents what their patients believe God's role is as the Creator. This question sought open-ended answers; they are included in Appendix D**.** Seventeen respondents answered this question.

Question 54 asked whether patients' perception or image of God changed during the course of analytic work. Twelve (31.58%) said yes and 26 (68.42%) said no. The question was answered by 38 respondents.

Questions 54 and 55 sought to learn whether analytic work had an impact on patients' perception and feelings about God – as analysis does on all parts of a patient's psyche. Although only 12 respondents answered "yes" to Question 54, their responses do indicate that patients' perception and feelings about God can change. Rizzuto (1979) wrote:

> The psychic process of creating and finding God—this personalized representational transitional object—never ceases in the course of human life. It is a developmental process that covers the entire life cycle from birth to death (p. 179).

Question 55 asked respondents to give an example of how patients' perception or image of God changed during the course of analytic work. This question sought open-ended answers; they are included in Appendix D. Thirteen respondents answered this question.

In Question 56, which asked whether patients have described numinous experiences, transcendent experiences bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror (Otto, 1923, Location 434), 27 (58.70%) respondents said yes and 19 (41.30%) said no. The question was answered by 46 respondents.

The responses to Question 56 and the next three (Question 57 through Question 59) indicate that many respondents explored transcendent experiences with their patients.

Question 57 asked respondents to give an example of patients' numinous experiences. This question sought open-ended answers; they are included in Appendix D**.** Twenty-four respondents answered the question; while that means half the respondents didn't answer, those who did indicated that they were able to explore deeply meaningful experiences with their patients. These were among the answers:

> Vision of God or unexplainable circumstance.
>
> Feeling at one with the universe, the wonder of the nature.
>
> There have been reports of quasi-disassociated states where there was a sense that faith could heal and give purpose to all.
>
> Having Jesus appear to him at one point in his life when he needed it most.

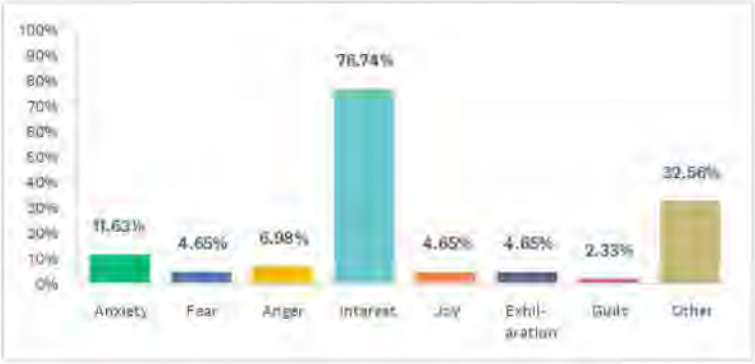
Question 58 asked whether patients, when they've described a numinous experience, had a sense of God's presence. Nineteen (55.88%) respondents said yes and 15 (44.12%) said no. Thirty-four respondents answered the question.

Question 59 asked whether patients find or see God, or something spiritual, in nature, the animal world, the plant world and/or the sky. Twenty-five (62.50%) respondents said yes, and 15 (37.50%) said no. The question was answered by 40 respondents.

In Question 60, respondents were asked whether their work with a patient helped the patient reach a state of grace (a state of forgiveness and acceptance). Thirty-one (67.39%) said yes and 15 (32.61%) said no. The question was answered by 46 respondents.

Figure 21

Respondents' reactions when patients mention God



Respondents were asked in Question 61 for the internal reactions (countertransference) that they have had when patients mentioned God. Respondents could check multiple answers, so their responses total more than 100%. Forty-three respondents answered the question. Their responses: anxiety, five (11.63%); fear, two (4.65%); anger, three (6.98%); interest, 33 (76.74%);

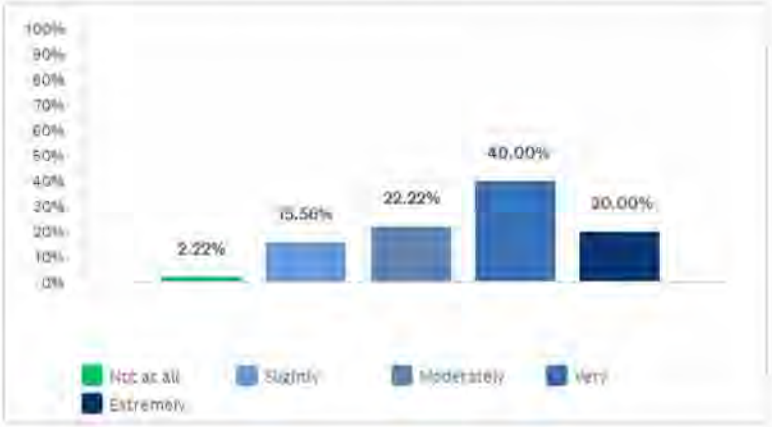
joy, two (4.65%); exhilaration two (4.65%); guilt, one (2.33%); Other, 14 (32.56%). The "Other" responses are included in Appendix E. The results are reflected in Figure 21.

The correlation analysis revealed a 31.35% likelihood of a significant positive correlation between respondents' holding a Doctor of Ministry or Master of Divinity degree and their reporting joy when a patient mentioned God (Question 3). The correlation analysis revealed an identical 31.35% likelihood of a significant positive correlation between respondents' holding a Doctor of Ministry or Master of Divinity degree and their reporting exhilaration when a patient mentioned God (Question 3).

The fact that more than three-quarters of the respondents reported they were interested when patients mentioned God was unsurprising; analysts generally are interested in whatever their patients talk about. The joy and exhilaration reported by respondents who had a religious education might also be expected. What is unknown, and would need to be explored in future research, is the reason for another finding: The correlation analysis revealed a 30.34% likelihood of a significant positive correlation between respondents holding a Master of Social Work degree and their reporting anger when a patient mentioned God (Question 3).

Figure 22

How prepared did respondents feel to explore patients' faith and beliefs

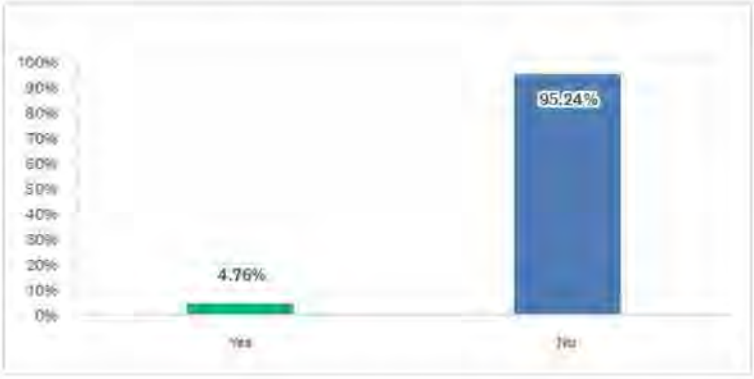


Question 62 asked how prepared respondents felt to explore, without an agenda or goal, a patient's faith and beliefs. One (2.22%) respondent said not at all, seven (15.56%) said slightly, 10 (22.22%) said moderately, 18 (40.00%) said very and nine (20.00%) said extremely. The question was answered by 45 respondents. The results appear paradoxical, given that in Question 8, nearly three-quarters said they did not train at an institute that prepared them to work with and explore patients' conscious or unconscious material about God, faith, religion and/or spirituality. However, the responses to Question 9, which sought to learn about respondents' training beyond their initial psychoanalytic program, help to explain this apparent contradiction. The results from Question 62 are illustrated in Figure 22.

Questions 63 through 72 sought to learn how respondents worked with patients who talked about religion or God – how the respondents reacted, what they said and whether they relied on Freud or other theorists or on religious and biblical writings, and whether they introduced the topic of God or religion even if the patient did not.

Figure 23

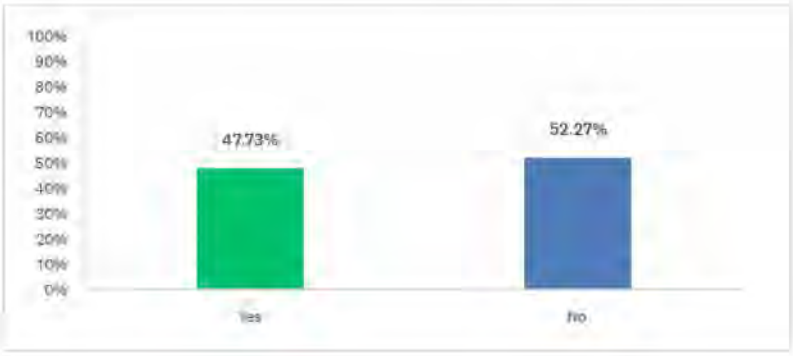
Did respondents make a Freudian interpretation when patients talk about God



Question 63 asked whether, when a patient has talked about God, the respondents have ever made a Freudian interpretation, that the patient's belief in God grows out of a neurotic symptom and/or their relationship with their parents. Two (4.76%) respondents said yes and 40 (95.24%) said no. The question was answered by 42 respondents. The results are reflected in Figure 23.

Figure 24

Do respondents offer something gleaned from the Bible or other religious writings



Question 64 asked whether, when a patient talked about religion, God or the Bible, respondents ever offered something they'd gleaned from the Bible or other religious writings. Twenty-one (47.73%) said yes and 23 (52.27%) said no. The results are reflected in Figure 24. The question was answered by 44 respondents.

The correlation analysis revealed a 35.71% likelihood of a significant positive correlation between how religious respondents are (Question 24) and whether, when a patient talked about religion, God, the Bible, respondents ever offered something they'd gleaned from the Bible or other religious writings.

Question 65 asked respondents to give an example of a passage from the Bible or other religious writings that they offered a patient. This question sought open-ended answers; they are included in Appendix D**.** This question was answered by 20 respondents.

Question 66 asked whether respondents have ever introduced religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them. Thirteen (28.26%) said yes and 33 (71.74%) said no. The question was answered by 46 respondents.

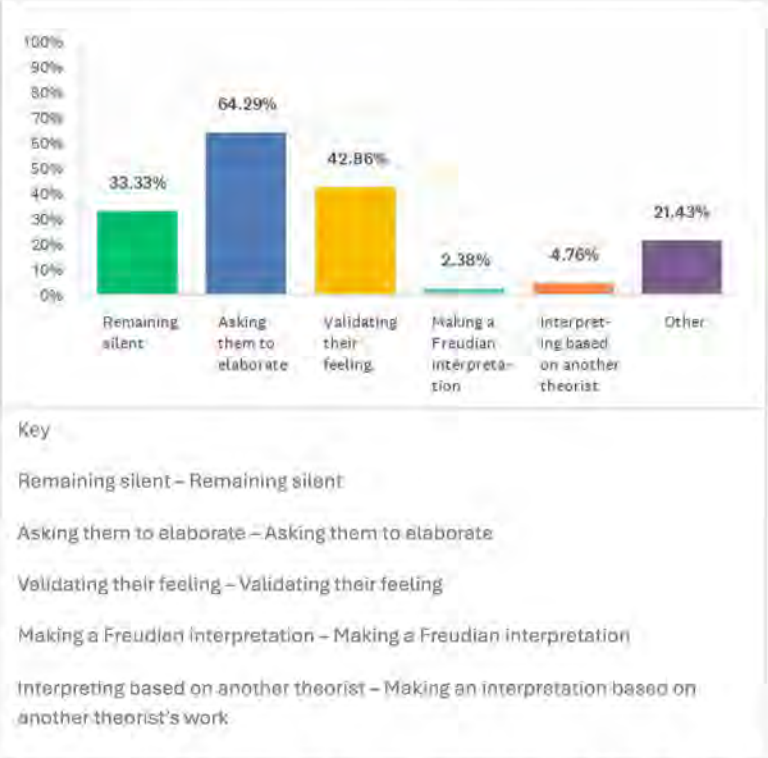
Question 67 asked for an example from a time when respondents introduced religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them. This question sought open-ended answers; they are included in Appendix D**.** Sixteen respondents answered this question.

Question 68 asked respondents what stopped them from introducing religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them. This question

sought open-ended answers; they are included in Appendix D. Twenty-seven respondents answered this question.

Figure 25

How respondents responded when patients talked about their love of God



Question 69 asked how, if patients have talked about their love of God, the respondents responded. Respondents could check multiple answers, so their responses total more than 100%. Forty-two respondents answered. These are their responses: remaining silent, 14 (33.33%); asking them to elaborate, 27 (64.29%); validating their feeling, 18 (42.86%); making a Freudian interpretation, one (2.38%); making an interpretation based on another theorist's work, two (4.76%); Other, nine (21.43%). The "Other" responses are included in Appendix E. The results are reflected in Figure 25.

Question 70 asked respondents who answered "making an interpretation based on another theorist's work" in Question 69 for an example. This question sought open-ended answers; they are included in Appendix D. Three respondents answered this question.

Figure 26

How respondents responded when patients talked about their anger at God

Question 71 asked how the respondents responded if patients have talked about their anger toward God? Respondents could check multiple answers, so their responses total more than 100%. Thirty-nine respondents answered. These are their responses: remaining silent, 12 (30.77%); asking them to elaborate, 29 (74.36%); validating their feeling, 19 (48.72%); making a Freudian interpretation, one (2.56%); making an interpretation based on another theorist's

work, two (5.13%); Other, eight (20.51%). The “Other” responses are included in Appendix E. The results are reflected in Figure 26.

Question 72 asked respondents who answered “making an interpretation based on another theorist’s work” in Question 71 for an example. This question sought open-ended answers; they are included in Appendix D**.** Five respondents answered this question.

Discussion

I began this project wondering if it might bear out what Cataldo wrote in 2019 as she described Freudian-trained psychoanalysts as being at a loss when patients mention God or religion (p. 113), and what Madonna wrote in 2018, when he referred to "the apparent indifference of my fellow analysts" (p. 129) toward working with patients' religious material.

I was surprised – but maybe I shouldn't have been – when I found that many of the analysts I surveyed, despite the fact they weren't trained in working with patients' feelings about God or religion, did not seem to be at a loss or indifferent. Instead, many of them engaged with their patients who were struggling with their faith or their anger at God, or who expressed their love for God. More than 60% of the respondents described occasions when patients talked about God during sessions (Question 49).

The results of my survey indicated that these analysts did not feel as unequipped as I did when, as I described earlier in this paper, I worked with a religious patient who talked about his anger at Jesus. Although nearly three-quarters of the respondents said in Question 8 that they had the kind of Freudian-based training Cataldo and Madonna wrote about, the results show that these analysts had developed the skills to help them work with God or religious material and they were able to use them with patients.

Still, 15 respondents did not answer the question (Question 49) that asked them to describe their work with patients' God material. Three others said they had no memory of patients talking about God even though two had practiced for more than four decades. The survey

results bear out the differing opinions contained in my review of the psychoanalytic literature and indicate that while some analysts might have shied away from talking with their patients about God – possibly due to the continuing influence of Freud's animosity toward religion -- it was second nature for many others. That second nature may have come from the fact an analyst believed in God or was religious and therefore was naturally inclined to consider a patients' beliefs. Or they might have agreed with Freud yet, like most analysts practicing today, were comfortable working with competing and contradicting theories – including Jung's.

The analysts who said their patients have not talked about God may not have been able to recognize that their patients, without saying God's name, were using religious or spiritual symbolism during their sessions. These respondents were unaware that, as Rizzuto (1979) warned, they were missing a critical part of their patients' psychic lives (p. *x*).

From all the results, I can see that what I thought I would accomplish turned out to be an impossible task – it is futile to try to draw one conclusion, not only about a group of analysts, but also about individual analysts. This should not have been surprising. As analysts themselves know, there are many variables, conscious and unconscious, in psychoanalytic work.

Paradoxes? Or a divergence that should be expected?

There were seeming paradoxes among the responses to the survey. For example, more than half the respondents said they somewhat or strongly disagreed with Freud's belief that religion is a neurosis that should be analyzed or outgrown (Question 11). Yet more than half said they relied on Freud to guide them when patients have brought up religion (Question 10). An equal number

of respondents relied on Winnicott and a third of the respondents relied on Jung; as discussed earlier in this paper, both of these analysts developed theories that were accepting and even encouraging of patients' religion.

Moreover, while seven respondents (14.90%, Question 11) said they somewhat or strongly agreed with Freud's theories on religion, very surprisingly, only two of those respondents said they relied on him when patients talk about God.

These seeming paradoxes may be explained by what is considered good psychoanalytic practice. Fred Pine, in what's considered a classic paper written in 1988, compared four psychologies, or the major schools of psychoanalytic thought at that time: drive, ego and object relations theory and self psychology. Pine wrote, "[w]hile the drive and ego perspective on individual functioning were more formally part of Freud's *theory,* psychoanalytic *practice* clearly deals with them all. … It is useful to grant each of the four psychologies a place in our minds …" (pp. 574-575, italics original). In other words: Learn to use all the theories available to help you help your patients. My sense of Pine's paper (and a book he published two years later expanding on his premise) is that he was addressing the schisms in analytic theory that began with Kohut's development of self psychology. Pine didn't mention Jung, but following Pine's line of thought, when it comes to working with patients and their image of God or their spirituality, the same values of theoretical inclusiveness should apply. And many of the respondents in this survey seemed to understand that, consciously or unconsciously. They worked in what I call a place of peaceful co-existence with conflicting or contradicting theories, in much the same way analysts learn to live and work with their conflicted emotions about their patients and themselves. That peaceful co-existence

may also be in the form of picking and choosing among the theories offered by a single theorist. Freud is a prime example of a theorist whose work is cherry-picked by analysts. It is highly certain that the respondents who rejected Freud's theories about religion are nonetheless guided by his theory of the Oedipal conflict that is part of the foundation of psychoanalytic theory.

Corbett and Cohen (1998) wrote that what they called depth psychology, of which psychoanalysis is a part, "has progressed to the point that some of the things Freud and Jung argued about … are now of minimal relevance to many analytic practitioners" and "the issue of the validity of religious belief is no longer a hotly contested one" (p. 294). Moreover, they note, many of Jung's ideas – among them, "the idea that analysis is a mutually transformative endeavor and that the analyst's personality and his or her experience of the analysis is crucial" – are part of the fabric of psychoanalysis as we know it (p. 295).

The overall eclecticism among psychoanalysts was borne out in Questions 12 through 14, when respondents were asked whether they agreed with three statements of Jung's theory of the Self. More than half somewhat or strongly agreed with two of the statements although Jung was breaking with Freud's structural theory (1923) that divided the psyche into the ego, superego and id. Still, more than half disagreed with Jung's likening the Self to a God-image and only about 12% agreed with it. While we don't know why individual respondents disagreed with this theory, it was quite radical compared to the theories developed by Freud and the generations of theorists that followed him.

Greenberg and Mitchell, whose 1983 book *Object Relations in Psychoanalytic Theory* considered the varying theories and advocated for a relational approach to working with patients, found value in the entire theoretical continuum:

> To collapse psychoanalysis around a particular approach or a specific mode of interpreting psychodynamic content is to lose the diversity that has made it a vital if difficult discipline (p. 1).

Greenberg and Mitchell also had a warning that strict adherence to one theory or another "threatens to dissolve psychoanalysis into cultish islands of devotional fealty" (p. 379).

I was surprised, and yet not surprised, by how much the respondents showed that they embraced the eclecticism of psychoanalytic theory. That they relied (Question 10) as much on Winnicott as they did on Freud, with both cited by 56.52% of the respondents, actually wasn't a surprise, given that analysts, even the most Freudian, speak of the holding environment and good enough mother, concepts that Winnicott (1960, p. 589, p. 592) has taught us. We're supposed to be good enough analysts providing a holding environment for our patients.

Winnicott's (1953) concept of the transitional space, where he said religion among other things is nurtured (p. 97), is a widely accepted psychoanalytic theory. Winnicott, like the respondents, had a training with a Freudian foundation, but he found his own theoretical way and both theorists are part of the bedrock of psychoanalytic theory.

Ann Belford Ulanov (2005), like Rizzuto, considered Winnicott's linking of religion to the transitional space and she found it to be an area where patients, including the time they spend with their analysts, can explore religion:

> One of the many implications for Winnicott's theories for religion is that we can open again to the wonder of what life is all about. Most of us left it all behind in our childhoods, but Winnicott shows us it has just lain dormant, easily revived again because the transitional space of child's play extends into our adulthood … (p. 18).

Ulanov also wrote, "Winnicott's work on our earliest transitional spaces enables us to see our transition into self in relation to the Holy" (pp. 18-21).

The revival Ulanov described is similar to the process of regression necessary for the analytic work to proceed. The "child's play" sounds to me like the explorations that some of the respondents described in their open-ended answers to survey questions.

[Some telling factoids: Winnicott's papers are routinely among the most viewed on PEP-Web, a database of more than 140,000 psychoanalytic journal articles dating back to the days of Freud. On a random day, January 10, 2024, five Winnicott papers were among the 20 most viewed. No Freud papers appeared in the top 20, but Winnicott was accompanied by Bion and relational theorists including Ogden and Bromberg.]

When respondents were asked (Question 7) to describe their theoretical approach to psychoanalytic work, more than three-quarters cited more than one theory. Of the 10 (21.28%)

who cited a single theory, two described themselves as eclectic, actually embracing multiple theories.

With this divergence of opinions about theory, and with analysts' individual and idiosyncratic views about practice – and their countertransference toward individual patients -- these seeming paradoxes shouldn't be surprising, and maybe they're not paradoxes. Nor should it be surprising that correlations between respondents' theoretical bent and how they worked with patients' material about God, religion, faith and spirituality, were generally insignificant. Analysts are a varied lot, and it is extremely hard – some say impossible – to pigeon-hole or categorize them.

The respondents were all members of a 75-year-old Freudian-based institute. When asked (Question 8) if they trained at an institute whose curriculum prepared them to work with patients' material about God, nearly three quarters said no. Yet their answers to many of the survey's questions, including those questions that had open-ended answers, show that many have indeed been able to help their patients explore their feelings about God and their faith.

Respondents' answers to Question 9 also help explain what does at first glance look like a paradox. This question explored the routes respondents took so they could be comfortable working with patients' material about God, faith, religion and/or spirituality. More than 80% had taken courses in other educational settings that were important in improving their skills, and 90% cited their own reading and studies. This isn't surprising – psychoanalysts tend to be lifelong learners, turning to books, journal articles (including those on the PEP-Web) and continuing education courses to either increase their skills or to help them learn how to

strengthen specific skills. And analysts are inherently curious – we do work that requires us to ask questions, to know, to learn, to explore. Each question we ask a patient is likely to lead to another, and then another.

Extra-curricular learning may help to explain why almost all of the 45 respondents to Question 62 said they felt prepared to explore patients' faith and belief.

The believing analyst and the believing patient

Among the findings of this research that I found most striking were the correlations among respondents' belief in God, how religious they were and how much their patients talked to them about God. There were significant correlations between Question 22, which asked about respondents' belief, and Questions 43 through 45, which asked how often patients talked about their feelings about God. There were also significant correlations between Question 24, which asked respondents if they would describe themselves as religious and Questions 43 through 46 (Question 46 asked about patients' struggle with their faith in God).

I can find a number of ways to explain these correlations. One may seem simplistic, but I believe it's true: If an analyst is comfortable about their own faith, they are likely to be comfortable talking with patients about God and religion. And if religion is part of their lives, they will naturally be open to picking up clues about God, religion and faith in others including their patients and exploring them.

That idea is supported by the fact that the correlation analysis revealed a 28.99% likelihood of a significant positive correlation between respondents' belief in God and their reporting joy or

exhilaration when patients mentioned God (Question 61). The correlation analysis also revealed a 28.79% likelihood of a significant positive correlation between respondents' belief in God and their reporting (Question 62) that they felt prepared to explore, without an agenda or goal, a patient's faith and beliefs – I think they might feel more at home talking about God than analysts who don't believe. I have to think that analysts who have faith or who are religious go through their training knowing that their beliefs are at odds with Freud's. Each individual analyst must reconcile themselves to that fact or struggle with it.

Similarly, there was a 31.35% likelihood of a significant positive correlation between respondents holding a Doctor of Ministry or Master of Divinity degree and their reporting joy or exhilaration when a patient mentioned God.

I wonder if the analysts who are religious or who have extensively studied religion, when they worked with patients' feelings about God, faith and spirituality, felt as Aron (2004) did when he said of psychoanalytic work: "we are performing a sacred task" (p. 449).

The comfort that religious respondents and those with religious education have with patients' feelings about God may also come from the symbiosis that exists between religion and psychology or psychoanalysis. Both disciplines seek knowledge and understanding of what drives people. As Jennings and Jennings (1993) noted, "the Midrashic process, like psychoanalysis, is founded upon the *conviction* that important meanings lie below the surface (and that an informed interpretive process is required to bring these meanings to light)" (p. 61, italics, parentheses original). Tillich (1959) believed that depth psychology could help in the understanding of what makes people sin (p. 123). And Ann Belford Ulanov and Barry Ulanov

(1975) wrote that through psychoanalysis, the soul and the psyche can work together to bring a person peace (p. 83).

Another possible explanation for the correlations between respondents' religious background and their comfort in working with God, religion and spirituality is what's known as the intersubjective space between the believing analyst and the patient. Ogden's (1994) "analytic third" (p. 4) and Bromberg's (1998) "co-constructed mental space" (p. 9) are ways they described this space. In the intersubjective space, the unconscious of the patient and the unconscious of the analyst meet and work together. The transference-countertransference dynamics between analyst and patient are at play in the intersubjective space, and each person's psyche stimulates the other (Ogden, 2004, p. 168). It is very common to hear analysts, as they discuss their cases with one another, describe sessions where a patient uncannily senses something about the analyst, often something personal. Bollas' (1987) concept of the "unthought known," which describes "knowledge which has yet to be thought" (p. 46), suggests that a patient might sense that their analyst believes in God and will be open and empathic when hearing that the patient loves, hates and/or struggles with God. I found it particularly interesting that there was a 54.27% likelihood of a significant positive correlation between how religious respondents were (Question 24) and how often patients have talked about their anger at God (Question 45). There was also a 32.67% likelihood of a significant positive correlation between how religious respondents were (Question 24) and how often patients have talked about their struggles with God (Question 46). The papers I've cited by Tummala-Narra (2009), LaMothe (2009) and Winton (2013) detail how the authors, all of whom had faith, helped their

patients explore their struggles; the analyst's belief clearly added depth to the work, especially when patients inquired about their religion. I quoted Winton earlier in this paper: "I need to allow my own beliefs as well as those of my client to be available for therapeutic thought" (p. 349). Winton's understanding of her own religiosity connected her with her patients, and I suspect that the religious analysts among the survey respondents were able to connect with their patients as well.

That's not to say that analysts must be believers to be able to explore patients' feelings about and belief in God, or for their patients to unconsciously know that an analyst will be receptive to religious material. Nearly 60% of the respondents described themselves as spiritual (Question 25) and more than 93% said spirituality is important in their lives (Question 34). We don't know how they would define spirituality or how spirituality is different in their minds from religion (those are questions that could be explored in future research), but we do know from Question 26 that they found faith, religion and/or spirituality in the world around them -- and a substantial number, more than three-quarters, said they found the greatest expression of faith, religion and/or spirituality in Nature. Sixteen respondents wrote in their own answers in the alternative "Other" in Question 26; one cited "[c]onnecting with dogs" and another, "[a]cts of service. Volunteering." More than half of the respondents who wrote in answers to this question said experiences with patients and other people were times when they found the greatest expression of faith, religion and/or spirituality.

Bearing all of these responses in mind, I believe we can safely assume that a patient can unconsciously sense that an analyst is open at least to spirituality and therefore a session is a place where feelings about God can be explored.

Furthermore, more than 80% of the respondents said they had or might have had a numinous experience (Question 15). These analysts were not concrete people closed off from what Kalsched (2013) called "the inner world of dreams and the mytho-poetic images of the imagination" (p. 6). The images they saw and emotions they had in their numinous moments must have put them in a position to hear and even celebrate their patients' religious and spiritual associations – and not reduce those associations to something symptomatic.

The open-ended answers to Question 16, which asked respondents to describe their numinous experiences, indicate that these analysts were able to think and feel in a way that would invite a patient to also share material that is religious or spiritual. These are the numinous experiences reported by three of the respondents:

> A (mystical) sense that the boundaries between myself and the universe vanished and a consciousness of an oceanic unity that was beyond ego identity.
>
> In one instance walking from indoors to outdoors and immediately being struck by the brilliance and the warmth of the daylight around me; in another, walking down a mid-town street (NYC) aware of feeling very alive and connected to everything around me.
>
> Of course, this is hard to describe briefly but I have been silenced by the wind at various times in my life.

Each of these respondents answered "yes" to Question 17, which asked if having had a numinous experience helped them to discuss God, religion, faith or spirituality with a patient. Two-thirds of the 36 respondents who answered Question 17 said their numinous experiences had helped them in their work – in my mind, that lends credence to the idea that the more open an analyst is to the numinous, the daimonic and to something spiritual, the better able they'll be to work with patients who want to talk about God.

A relational bent

The respondents in this survey were a well-seasoned group of psychoanalysts: Nearly 98% were 55 and older (Question 1) and more than 80% had been practicing for 21 years or more (Question 6). That is not surprising; psychoanalysis is a field that many people come to later in life. Many have done other graduate work before entering institutes where training can take seven years or more. And many have come to the profession after having had other careers – some of the respondents had a background in education, law or business (Question 4).

Many of these analysts trained while psychoanalytic theory was undergoing a sea change, with intersubjective and relational theories becoming more prominent. Their institute did not focus on these burgeoning schools of thought yet the journals that were available to these analysts were including more writings by Ogden, Aron, Bromberg, Mitchell, Greenberg, Ghent and others. And we know from Question 9 that the respondents were reading and taking courses. So, it shouldn't be surprising that 55.32% of the respondents described their theoretical bent as relational, more than the 48.94% who cited the Freudian classical/drive theory (object relations was the most cited, by 70.21%).

Aron (1994) wrote about the mutuality that is part of a relational approach to analytic work, and, he said, about the relationship between an individual and God: "[m]utuality implies reciprocation, sharing together, community, and unity through interchange" (p. *x).* Some of the open-ended answers to Question 19, which asked respondents to describe a numinous experience they had during a session with a patient, are indications of that mutuality:

> A certain joining and bodily sessions that remain for a while. More than once, when trusting the images, ideas and feelings that seem to be flowing out of the connection with [a] patient; revealing a synchronicity between us.
>
> Feeling the presence of Spirit when a patient touches inner tenderness and awareness (an aha moment). The awe of witnessing another's courage to explore pain and trauma along with finding access to True Self.
>
> I listened to the patient 'without memory or desire' and experienced the patient in 'suchness' speaking from a point of origin of deeper Intelligence 'located' outside the ego.

Nothing could be further from what many writers have called Freud's reductionist theory about religion. Tummala-Narra's report of her case, which explored in depth her patient Donna's feelings about religion, might well resonate with these respondents. Tummala-Narra found that "[a] relational psychoanalytic perspective was particularly relevant in better understanding our *shared and distinct transferential reactions to religion and spirituality,* and in addressing our

resistances to exploring the complexity of Donna's conflicts with old and changing self-images and spiritual beliefs" (p. 93, italics supplied).

Making room for God in the analytic hour

It was very clear – and heartening – to see how analysts made room for God in their work. Only seven, or about 15%, of the respondents said in answering Question 43 that none of their patients have talked about their faith in God, which indicates that the preponderance of the respondents have discussed God during sessions. While the topic of God has not dominated these analysts' practice – nearly two-thirds of the respondents said a few patients have talked about God – that isn't surprising. Patients come to psychoanalysis and other forms of mental health care because they're struggling with emotional or personal problems; the subject of God comes up in the context of those issues. In answers to Question 48, which sought to know the circumstances in patients' lives that led them to talk about God, nearly two-thirds of the respondents said patients had suffered a loss, and nearly 40% said were patients were anticipating a loss. One of the respondents mentioned in two open-ended answers (Questions 49 and 57) that a patient's husband had committed suicide. Another respondent (Question 49) worked with a rabbi who was angry at God because of the Holocaust, while another respondent said a patient was angry at God for not saving them from sexual abuse at the hands of a parent.

Nearly half the respondents said in answering Question 48 that their patients talked about their struggles with faith. One respondent (Question 49) recalled a patient who was raised by pastors and who was "[h]orribly conflicted in his faith." Yet more than a third of the respondents in Question 48 said patients talked about God because of a positive experience or joy. And several

respondents gave open-ended answers to Question 49 about conversations with patients about faith:

> One patient has a strong faith and believes God is responsible for many good things in her life.
>
> Patient found solace in returning to church.
>
> One Japanese patient and I talked regularly about her [faith] and scripture as something to turn to when she seeks guidance and support.
>
> They mentioned Jesus having appeared to them at a particularly troubling point in their adolescence but have since changed their view of God as being a power within themselves to draw on, not something external or religious in a conventional sense.

It was clear that many respondents got to know a great deal about their patients' God. The 41 respondents who answered Question 51 had talked with patients about what God could do for them. One of the answers to that question's open-ended choice "Other" was from a respondent who clearly had had numerous conversations with patients about God. The respondent commented, "[m]any find strength in their religious traditions and values and God seems to be implicit in some way."

The open-ended answers to Question 49 also showed the hopes – sometimes dashed – that patients might have had about what God can do for them. One described "[a] millennial who went to college, got good grades, became a parent, couldn't find work, was angry at God." And,

"[r}ecently, a patient spoke about God in relationship to going to Atlantic City to gamble. Go figure."

All of these examples are evidence that the respondents were available to and engaged with their patients. The relationships these analysts built with their patients allowed for patients to be open and show their vulnerability. To do that, the respondents could not have gone into their sessions clinging to Freud's ideas that religion and God are about people's need for a father. Freud wrote in *The Future of an Illusion* (1927):

> [T]he terrifying impression of helplessness in childhood aroused the need for protection-for protection through love which was provided by the father; and the recognition that this helplessness lasts throughout life made it necessary to cling to the existence of a father, but this time a more powerful one. Thus the benevolent rule of a divine Providence allays our fear of the dangers of life … (p. 30).

At the least, the respondents who agreed with Freud would need to set their beliefs to the side – something every analyst finds themselves doing quite often. Patients' views on politics, money, children, rap music, living in the city vs. the suburbs – literally anything – can conflict with an analyst's own views.

Yet there were significant positive correlations between what respondents believe God is capable of doing for them (Question 39) and what God is capable of doing for patients (Question 51). The correlations were between:

- God's being capable of supporting patients or giving them strength and God's being capable of supporting respondents or giving them strength.
- God's being capable of helping patients find answers to questions or concerns and God's being capable of helping respondents find answers to questions or concerns.
- God's being capable of judging patients and God's being capable of judging respondents.
- God's being capable of strengthening patients' conscience and God's being capable of strengthening respondents' conscience.
- God's being capable of accompanying patients as they go through life and God's being capable of accompanying respondents as they go through life.

These correlations, the reason for which cannot be explained with certainty, recall my discussion above of the intersubjective space between analysts and patients. It's possible that patients unconsciously know they can be open with their analysts about their love, anger, fear and expectations about God. The holding environment that Winnicott (1960, p. 589) wrote about is present for these patients, and so they are able to reveal thoughts and emotions that many might not disclose to anyone else. The respondents created a safe place that allowed them to learn their patients' deepest thoughts and feelings.

This dynamic can be seen in responses to other questions. More than half the respondents who answered Question 58 were able to say that their patients had a sense of God's presence when they described a numinous experience. While the question was answered by only 34 out of the 47 respondents, that is still a significant number who had explored their patients' experience with God.

Some of the respondents were able to explore patients' relationship with God over an extended period of time and thus saw an evolution in patients' feelings and faith, as the answers to Question 54 and Question 60 showed. Although only 13 respondents gave open-ended answers to Question 55, which sought examples of changes in patients' perception of God, they nonetheless provided anecdotal evidence of a shift in patients' feelings and faith. These are several of the answers:

> G-d becomes kinder.
>
> Those who come in angry at God experience a shift in their awareness of God's presence in their lives.
>
> God is seen less as conferring judgment about transgressions.
>
> Less belief
>
> Maybe a sense that although there is a specific teaching, she still needs to find her own path of interpreting and cooperating with those teachings and how to forgive herself when she violates the more demanding rules.

In any successful analytic treatment, patients' view of themselves and the world evolves in response to being in an analytic relationship that is healthier than the one they shared with their caregivers; patients unconsciously integrate into their psyches aspects of their relationship with their analysts (Loewald, 1960, p. 21). Rizzuto (1979) taught us that patients' images of God are based on their object relations (p. 178) and Corbett (2021) said that a God image "continues to evolve throughout the course of the individual's life" (p. 526). The anecdotes from these

respondents indicate how those images can change from punitive to accepting and caring – reflecting the potential atmosphere that can be present in the analytic relationship.

Yet the anecdote one respondent gave in answering Question 55 indicates that a patient's view of God changed, but the respondent interestingly (and surprisingly for me) did not seem to believe that the analytic work or relationship had anything to do with the patient's transformation:

> Through studying [to] become a psychoanalyst a patient who works as a pastor no longer believes in his religion's given belief in God and struggles to continue to function in his role. None of this is a result of any questioning or interpretation in the treatment but something he had arrived at on his own.

Respondents' internal reactions – their countertransference – showed that most made room for their patients to talk about God; more than three-quarters said in answering Question 61 they were interested when God was mentioned during a session. But interestingly, three of the respondents who disclosed they had negative reactions – "Disgust," "Sadness" or "Impatience" – when patients talked about God did not also say they were interested.

A question I wish I had asked would have been a follow-up to Questions 61, 69 and 71, all of which sought to learn respondents' reactions or actions when patients talked about God. For example, the correlation analysis revealed a 30.34% likelihood of a significant positive correlation between respondents holding a Master of Social Work degree and their reporting anger (Question 61) when a patient mentioned God. What made these analysts angry? Was

there something in their background that would incline them toward anger when a patient mentions God? And at the other end of the emotional scale, what made respondents who were religious feel joy and exhilaration? These are all questions that could be asked in future research.

It was clear that respondents followed good analytic practice when the subject of God came up in sessions, with significant numbers of them validating patients' feelings or asking them to elaborate when love for or anger toward God was expressed (Questions 69 and 71). They also remained silent; while that might be a nonverbal manifestation of an analyst's discomfort, it is also likely to be due to a respondent's following the classic wisdom, "when in doubt, say nothing."

Some respondents disclosed in anecdotal answers that they were quite engaged with their patients when God and religion came up in a session. These answers to Question 71 showed the humanity analysts could bring as they responded during sessions to the very sensitive and frightening subject of a patient's anger toward God:

> Under the right circumstances, I might crack a joke: Yeah, God can be a real asshole — he doesn't report to anybody.
>
> Moses and Jesus and others got angry with God. God can handle it!
>
> I wouldn't necessarily validate the anger, as it might cause worse distress, but I'd explore it with them and see where it takes us with associations.

One of the most interesting results for me was the fact that nearly half the respondents said in Question 64 that they have offered patients something they've gleaned from the Bible or other religious writings in response to the patients' bringing up religion, God, or the Bible. There was a 35.71% likelihood of a significant positive correlation between this result and the number of respondents who described themselves as religious (Question 24). Eighteen of the respondents, half of whom said they were not religious, gave examples of their interventions with patients (Question 65), among them:

> When a self-identified Christian is tempted to reach back and cherry-pick a harsh or damning commandment, I might reference Jesus' "I give to you a new commandment, that you love one another, as I have loved you." I might make the case for unconditional, unearned love or grace.
>
> The Tables of the Law as a form of universalism
>
> Am I my brother's keeper?
>
> Creation myth starts with ball of chaos, differentiation occurs and then world is filled with life.
>
> Let's say a person says, they don't feel welcomed at home. If they are religious, I might quote the verse saying, "A prophet is without honor except in his/her home town." It wouldn't be to enter a religious dialogue but to show an identification with or understanding of their concern.
>
> The Hebrews in the wilderness is a powerful metaphor.

> Something along the lines of, we are all God's children, we are all meant to be here -- in response to severe deficit of self-esteem.
>
> With certain patients, making biblical references to dilemmas they are facing helps to frame their experiences and speak in a shared language.
>
> I often use certain phrases from Ethics of the Fathers, e.g. “It is not for you to complete the task, but neither are you free to desist from it." I've even used interpretations of Jewish law, e.g. what it means to honor your father/mother in the face of horrible parents.
>
> A quote from St. Francis "What you're looking for is that which is looking."
>
> I do not use the word God. I wait for them to bring up the term. I do see all life as participation in God and the work to expand consciousness according to the patient's framework of understanding.

Moreover, more than a quarter of the respondents (Question 66) offered something religious, God-related, or biblical, even if the patient didn’t initiate one of these topics. Some gave these anecdotes as examples in answering Question 67:

> Often use biblical analogies.
>
> A patient struggling with financial insecurity, I offered faith as an alternative to fear.
>
> When a patient is facing illness, loss and death.
>
> Quoting text that is applicable such as Jesus' human emotions that validate our own.

> Just today, with a patient beginning to exercise her own agency, I quoted the Hillel "If I am not for myself, who will be for me, If I am only for myself, what am I? If not now, when?"
>
> Moses was fed by his mother never knowing she was his mother.
>
> Ideas from Buddhism.

Stricter and Freudian

Having said all this, it cannot be ignored that a significant number of respondents took a more traditional or Freudian approach to working with patients' material about God and religion. Nearly three-quarters of the respondents said in Question 66 they haven't introduced God, religion or the Bible even if the patient hadn't brought up those topics. From my experience, I believe that these analysts' reasons likely reflect a more classical approach to working, not just with religious material, but many other subjects that an analyst might consider bringing up; the analyst tends to follow the patient. But that doesn't mean they agree with Freud's equating religion with a neurosis; they believe in psychoanalytic technique that advises us, to borrow from the words of poet Robert Browning (1855/1989): "less is more" (p. 115). These analysts don't want to impose their own agenda on their patients. Their anecdotal answers to Question 68, which asked respondents what stopped them from talking about God if patients didn't introduce the topic, reflect this:

> I'm not likely to introduce anything of that or a similar magnitude; I will take my lead from the patient.

> It never seemed like the appropriate response.
>
> Would complicate transference and countertransference processes.
>
> Not intruding on patient's belief systems.
>
> I think they did not come to a psychoanalyst or therapist for religious instruction, but rather to find someone they can honestly speak to about their deepest and maybe most repressed thoughts and feelings.
>
> It would be out of context and about me not them.
>
> Psychoanalytic stance
>
> Religion emanates from the patient beliefs and conflicts – question, is it related to patient's conflicts?

Still, I do sense the influence of Freud in some respondents' reticence. Rizzuto (1979) wrote:

> Intentionally or unintentionally, he gave the world several generations of psychoanalysts who, coming to him from all walks of life, dropped whatever religion they had at the doors of their institutes. If they refused to do so, they managed to dissociate their beliefs from their analytic training and practice … (p. 4).

Cohen, in a paper (2019) that explored the impact of Freud's theory on psychoanalytic practice, said, "[t]he ambivalence within psychoanalysis toward religious belief and experience has contributed to a tendency to ignore our patients' religious lives" (p. 106).

I sensed some of the ambivalence Cohen wrote about when I read these responses to Question 68, which asked respondents what stopped them from talking about God:

> It does not occur to me.
>
> Patients' religious beliefs are analyzable only when they interfere with growth and development.
>
> Discussion regarding religion, Bible, God (as opposed to spirituality) is not relevant to treatment.

It is interesting – and in some ways confounding to me – that analysts who, as a matter of course, might ask their patients questions about sex, money, politics, ethics, violent fantasies and other sensitive subjects shy away from asking about religion or God. One of the respondents said, "[o]ne's own spiritual experience is private" in answering Question 67. So are sex, money, and violent fantasies. I wish I could ask that respondent to elaborate on their answer. It bears out Aron's (2004, p. 442) statement that religion is the last taboo in psychoanalysis.

But again, I think of Cohen's referring to analysts' ambivalence and Madonna's describing them as indifferent, and I have to agree with Cohen and with Sorenson (1994), who wrote, "I argue that perhaps nowhere is Freud's enduring presence greater than in psychoanalytic perspectives on religion, and it is often as an unburied ghost" (p. 631).

But some of the answers to Question 68 reflect much of the gray area, the multiple approaches, and the thoughtful, contemplative attitude of a psychoanalyst:

> I don't stop myself, but I don't go to either of those subjects unless it seems they're holding something back about their religious beliefs, in which case I'll ask if they're religious and want to talk about that.
>
> I think it might interrupt a flow from the patient. Some of my patients knew I had a deeply religious background and will ask me questions. I do offer them distinctions about faith, belief in God, love for self, etc.
>
> Not relevant. I might bring up a Jungian idea, though.

I also found some of the ambivalence that Cohen wrote of in the divergent answers to Question 50, which asked what patients' God looked like. Among the responses: a vague, formless being; Santa Claus; a pillar of fire or column of smoke; an image like Michelangelo's. But nine of the respondents said in their answers to the alternative "Other" that they didn't know what patients' God looked like or they didn't ask. And in Question 52, more than half the respondents were unsure about whether their patients' God was the Creator.

"Not-knowing," as described by Casement (1985, pp. 3-17), is an inevitable part of psychoanalysis – analysts often sit with and tolerate a feeling of ignorance as they wait for a patient to be able to give them more information to help their understanding. A question I'm left with in these results is whether the respondents' not knowing is what Casement describes, or whether they're holding back in the name of good psychoanalytic practice or whether they

are influenced by countertransference – their feelings about God or Freud. When the respondents were asked (Question 40) whether they believed in God as the Creator, more than half said no. I wonder whether exploring patients' beliefs about the Creator was something that never occurred to these respondents.

One survey result that nags at me is the breakdown of responses in Question 43, which asked about the number of patients who have talked about their faith in God. Nearly two-thirds of the respondents said a few of their patients had talked about God, and this was over the course of decades of practice. If Rizzuto and Cohen are right, I have to believe many patients may have made associations about God, but respondents may not have been sensitive to the unconscious material being revealed. Jung (1958) would remind them that God is always present in a session; he wrote, "the unconscious is capable at times of manifesting an intelligence and purposiveness superior to the actual conscious insight. There can be no doubt that this is a basic religious phenomenon …" (p. 39).

I've just done a great deal of conjecturing (like any psychoanalyst) about what was motivating respondents to not explore their patients' religiosity or spirituality. Future research including in-depth interviews should ask respondents detailed questions to get a sense of what's behind their ambivalence. The questions could ask them directly, "does Freud's theory influence you when patients ask about God?" The questions could also ask respondents to try to examine their unconscious process and see whether that has an impact on their ability to explore patients' thoughts and feelings about God, religion and spirituality.

A survey that stirred up many emotions

It was very clear from the open-ended answers to the survey that the respondents took this exercise very seriously. They were honest, something that was very obvious from some of the "Other" answers to Question 61, which asked for respondents' internal reactions when patients mentioned God: "Disgust," "Impatience," "Sadness." Moreover, SurveyMonkey calculated that the average time spent completing the survey was 24 minutes, a considerable time investment for very busy people. Some of the respondents reached out to me, either in emails or phone calls, to tell me of their reactions to the survey. Several found the survey interesting and asked that I share the results when it was completed. And several revealed that answering the questions was an emotional experience for them:

> "Wow! It was complicated for me and fraught with ambivalence."
>
> "I found it so interesting. And felt myself to be so distant from the questions posed, but yet, of course, fascinated by them."
>
> "These are not subjects that arise frequently in my work so I am surprised at your research."

Another respondent's reaction was quite revealing about the mindset and experience of some Freudian-trained analysts. In an email, she said, "I cannot recall ever (!) talking about God with patients. Maybe because it doesn't cross my mind" (parentheses original). She had originally dismissed the survey, believing, as she told me in a subsequent conversation, "I didn't think it was for me."

Another respondent was elated by the survey; he called me to tell me he had earned a Doctor of Ministry degree 25 years ago. He had many questions about my project but also wanted to share his religious and clinical experiences – the survey seemed to have an emotionally cathartic impact on him.

And yet another, who I had trained with, wrote to tell me she began the survey and then stopped. She did not want to supply personal and professional information about herself, even though my email introducing the survey said it was anonymous and confidential.

I have noted at points in this discussion that a significant number of respondents did not answer a question. That was a phenomenon that occurred with more frequency as the survey results progressed, and as the survey questions probed more deeply into the respondents' work with patients' feelings about God. I have wondered whether they were growing weary of answering questions, or whether they felt they had no answers to some of the questions. I also wonder about the unconscious motivation that could have driven respondents not to answer – perhaps, like the analyst who did not want to reveal information about herself, some of the respondents were beginning to feel intruded upon.

What I wish I had asked, and hope to ask in the future

When I read the results of my survey, I became more curious and felt that more information from individual respondents would have made this an even richer paper. I've already noted above that future research about psychoanalysts' work with patients' feelings and thoughts

about God, religion and spirituality needs to include in-depth interviews with respondents. I have some additional thoughts:

I regretted most keenly that the many respondents who said they had explored their patients' feelings and experience of God could not, in this format, relate how deeply, and for how long, they explored their patients' struggles. One could deduce from some of the open-ended responses in Question 49 that the respondents and their patients spent a great deal of time talking about God. But reading the responses, I wanted to know specifically whether these explorations were short in duration, or, like the cases cited in the papers by Tummala-Narra (2009), LaMothe (2009) and MacKenna (2009), included much deeper, extended work about patients' ongoing struggles with God and faith.

I wanted to know more about the analytic work done by individual respondents, for example, in Question 47, which sought to know: When does the subject of God, faith or religion come up in a session? Two respondents reported that the subject came up at the start of a session. Were those passing references or did they turn into deep explorations that extended over many sessions? If it was the latter, an in-depth interview could tell us much more about an analyst's experience.

In-depth interviews could also show how prepared some Freudian-trained analysts are to accompany patients through great religious soul searching. In-depth research could also provide analysts and other mental health clinicians with some guidance about how to work with religion – practitioners across the mental health, medical and pastoral professions turn to research, journal articles and books not only for guidance but also inspiration.

Similarly, in Questions 39 and 51, which asked respectively what God could do for respondents and their patients, an interview could reveal more about how their relationship with God has brought change to respondents' or patients' lives, or how God gives them strength. Further, in the case of patients, there is much to be explored about their transference to their analysts, and whether patients are attributing any God-like qualities to the analyst, in much the same way as they attribute parent-like attributes to the analyst. For example, do patients who believe God is accompanying them also feel that their analyst is accompanying them?

Similarly, some of the answers to open-ended questions – for example, one respondent had a numinous experience during a session and "felt the presence of Spirit when a patient touches inner tenderness and awareness" – left me wanting to know more about the circumstances in which the patient's material and the analyst's reactions were revealed. That respondent cited Jung, Rizzuto, and Corbett – three theorists rarely if ever mentioned in training at this institute – as those who influenced their work. The respondent also had done coursework and their own reading to help them feel comfortable in exploring patients' material about God, faith, religion, and spirituality. I would have liked to ask this analyst, and others, what motivated you to study and work in a direction counter to Freud's theories on religion? The answer might be in the respondent's answer that they are very religious – but that leads me to another question, why did you choose an institute where religion and spirituality weren't part of the curriculum?

I also would ask about the outcomes of these analysts' explorations. Did their patients feel they were heard and understood and their beliefs appreciated by the analysts? What impact did insights about their faith or religion have on the rest of patients' analyses?

And I would ask, do these analysts consider patients' material about God, faith, religion and spirituality to be on a par with, or more significant than, say, what they bring up about their sense of self, struggles with partners, family or friends?

Question 35 asked how important spirituality is in respondents' practice; two-thirds said it was between slightly and extremely important. Those results are begging for elaboration: In what way is spirituality important? How does an analyst use spirituality or introduce it – there were substantive answers to how respondents brought God, religion or the Bible into their sessions (Question 67), but it would have been helpful if I had asked a similar question about spirituality.

This survey was sent to psychoanalysts at one institute in New York. Future researchers should consider surveying analysts in multiple institutes or organizations. It would be interesting to compare results between Freudian and Jungian institutes – having done this survey, I'm not sure that there would be as much of a divergence as I imagined when I started the project.

Additional research could potentially inform us about how other analysts, such as younger practitioners, Jungian trained analysts, or others work with religion and spirituality with patients. As noted above, the respondent population for this study was almost entirely over 50. While that does reflect the demographic at the institute studied, if it's possible to do a survey that includes analysts who are younger, we might find them to be less Freudian-inclined than the respondents here, which might yield results conceivably different from those reported.

I believe further research is necessary so psychoanalysts can be more sensitive to the presence of their patients' God, religion and spiritual material. As a number of theorists have pointed out,

to not explore this material is to miss an important part of patients' psyches and lives. Freud's reductionist theory and its aftermath have left some and perhaps many analysts and their patients at a disadvantage.

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Appendix A: Emailed Invitation to Participate/Consent Agreement

Dear Colleague,

I am conducting a survey of psychoanalysts in partial fulfillment of the requirements for the degree of Doctor of Ministry from Hebrew Union College-Jewish Institute of Religion. I am a New York State-licensed psychoanalyst.

The information gathered will be held in strict confidentiality and anonymity. I will personally guard the information collected and the identities of all participants.

The survey is about how Freudian-trained psychoanalysts explore and work with their patients' thoughts and emotions about God, faith, religion and spirituality.

I would appreciate your taking part in the survey. Doing so should take about 20 minutes; you can access it by clicking on this link: https://www.surveymonkey.com/r/PXQJRDT

The survey will close on October 11, 2023.

If you have any questions, please feel free to reach out to me at psyjourn313@gmail.com.

Thank you.

Sincerely,
Joyce Rosenberg

Appendix B: The Survey

Questions 1-6 asked for the participants' demographic information:

1. What is your age?

25-39

40-54

55-70

Over 70

2. What is your gender?

Female

Male

Non-binary

Prefer not to answer

3. What degrees have you earned? (Check all that apply)

M.A.

M.S.

MFA

MSW

Ph.D.

J.D.

D.Min.

Other masters or doctoral degree (please specify)

4. What was the focus of your educational development? (Check all the apply)

Psychology

Psychoanalysis

Social Work

Religion

Sociology

Medicine

Literature

Business

Law

Music

Art

Philosophy

Other (please specify)

5. What field is your license in?

Psychoanalysis

Mental Health Counseling

Psychology

Creative Arts Therapy Social Work

Marriage and Family Therapy Medicine – M.D.

Medicine – R.N. or N.P.

Other (please specify)

6. How long have you been practicing?

0-10 years

11-20 years

21-30 years

31-40 years

Over 40 years

Questions 7-14 sought to learn about participants' psychoanalytic approach and background

7. Would you describe your theoretical approach to psychoanalytic work as: (Check all that apply)

Classical/Drive

Object relations

Kleinian

Self

Intersubjective

Relational

Eclectic

Jungian

Existential

Lacanian

Other (please specify)

8. Did you train at a psychoanalytic institute whose curriculum prepared you to work with and explore patients' conscious or unconscious material about God, faith, religion and/or spirituality?

Yes

No

9. If you answered "No" to Question No. 8 but are comfortable exploring patients' conscious or unconscious material about God, faith, religion and/or spirituality, which of these served as your background basis, and how important was it to your development?

My own religious or spiritual background

Not at all important

Slightly important

Moderately important

Very important

Extremely important

Coursework in other educational settings

Not at all important

Slightly important

Moderately important

Very important

Extremely important

My own reading and studies

Not at all important

Slightly important

Moderately important

Very important

Extremely important

10. Which theorist(s) guided you when a patient has brought up religion? (Check all that apply)

Freud

Jung

Rank

Winnicott

Rizzuto

Bion

Kalsched

Grotstein

James

Symington

Modell

Fairbairn

Eigen

Corbett

Bollas

Other (please specify)

11. How much do you agree with Freud's theories that religious belief is a neurosis that should be analyzed/outgrown?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

12. Questions 12 through 14 are about Jung's theory of the Self, which differs from Kohut's formulation of the Self.

"The Self is not only the centre, but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of consciousness." (Jung, C.G.., 1953. Collected Works of C.G. Jung, Volume 12. Princeton University Press, Kindle Edition. Retrieved from Amazon.com.) To what extent do you agree with the above statement?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

13. "The Self as a unifying principle within the human psyche occupies the central position of authority in relation to psychological life and, therefore, the destiny of the individual." (Samuels, A., Shorter, B., and Plaut, F., 1986. A Critical Dictionary of Jungian Analysis. Taylor and Francis, Kindle Edition. Retrieved from Amazon.com.) To what extent do you agree with the above statement?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

14. "One cannot consider the concept of the Self apart from its similarity to a God-image ..." (Samuels, A., et al, 1986) To what extent do you agree with the above statement?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

Questions 15-41 sought to learn about participants' religious and spiritual beliefs and background:

15. Have you had a numinous experience, a transcendent experience bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror?

Yes

No

Not sure

16. If you've had a numinous experience, please give a brief example (Open-ended answers)

17. If you have had a numinous experience, has it helped your ability to discuss God, religion, faith or spirituality with patients?

Yes

No

18. Have you personally had a numinous experience during a session with a patient?

Yes

No

Not sure

19. If you answered yes to Question No. 18, please briefly describe it (Open-ended answers)

20. Have you had a daimonic experience, one where you had a sense of being between the material world and a sacred space?

Yes

No

Not sure

21. If you've had a daimonic experience, please give a brief example (Open-ended answers)

22. Do you believe in God?

Yes

No

Not sure

23. Find the choices that apply to your faith/spiritual background, then check all that apply.

Catholic – if so, which denomination?

Roman

Byzantine

Armenian

Ukrainian

Other Catholic (please specify below)

Eastern Orthodox — if so, which denomination?

Greek

Russian

Ukrainian

Other Eastern Orthodox (please specify below)

Protestant – if so, which denomination? Episcopalian

Lutheran

Evangelical

Methodist

Baptist

Southern Baptist

Pentecostal

Presbyterian

United Church of Christ/Congregationalist Unitarian/Universalist

Reformed

Friends

Other Protestant (please specify below)

Jewish — if so, which tradition?

Orthodox

Conservative

Reform

Reconstructionist

Renewal

Unaffiliated

Other Jewish (please specify below)

Muslim — if so, which tradition?

Sunni

Shi'ite

Other Muslim (please specify below)

Buddhist

Hindu

Zoroastrian

Baha'i

Scientology

Atheist

Agnostic

Ethical Culture

Questioning

Other (please specify)

None of the above

24. Would you describe yourself as a religious person?

Yes

No

25. Would you describe yourself as a spiritual person?

Yes

No

Not sure

26. Where have you found the greatest expression of faith, religion and/or spirituality? (Check all that apply)

In Nature

In personal prayer

In formal worship

In traditional family settings (like the Passover seder or baptisms)

In meditation

In creative expression

In physical activity (like exercise, skiing, dancing, swimming, walking, etc.)

Other (please specify)

None of the above

27. How religiously observant was your family of origin?

Not at all

Slightly

Moderately

Very

Extremely

28. Did your mother believe in God?

Yes

No

Not sure

29. Did she teach or speak to you about God?

Yes

No

30. Did your father believe in God?

Yes

No

Not sure

31. Did he teach or speak to you about God?

Yes

No

32. Did another family member or person teach or speak to you about God?

Yes

No

33. If you answered yes to Question No. 32, who was it? (Check all that apply)

Grandmother

Grandfather

Aunt

Uncle

Cousin

Clergy

Teacher

Coach

Neighbor

Mentor

Other (please specify)

34. How important is spirituality in your life?

Not at all

Slightly

Moderately

Very

Extremely

35. How important is religion or spirituality in your practice?

Not at all

Slightly

Moderately

Very

Extremely

36. How religiously observant are you?

Not at all

Slightly

Moderately

Very

Extremely

37. How often do you pray?

Never

Only when I'm in a religious service

When I feel troubled in some way

Once a day

Several times a day

38. What does your image of God look like?

Like Michelangelo's – does God have fingers and toes?

Another human form

Like a column of smoke or pillar of fire

Like one of your parents or grandparents

I view God as not being separate from myself and/or the universe in general

Other (please specify)

None of the above

39. What is God capable of doing for you? (Check all those that apply)

Bringing about change in my life

Supporting me or giving me strength

Helping me find answers to questions or concerns

Judging me

Helping me to strengthen my conscience

Accompanying me as I go through life

Other (please specify)

None of the above

40. Do you believe God is the Creator?

Yes

No

Not sure

41. If you answered yes to Question No. 40, what is God's role as the Creator? (Open-ended answers)

Questions 42-60 sought to learn about patients' religiosity and/or spirituality

42. How religious are your patients generally?

Not at all

Slightly

Moderately

Very

Extremely

43. How many of your patients have talked about their faith in God?

None

A few

About half

Many

Most

44. How often have your patients talked about their love of God?

Never

Seldom

Occasionally

Often

Continually

45. How often have your patients talked about their anger at God?

Never

Seldom

Occasionally

Often

Continually

46. How often have your patients talked about their struggles with belief in God?

Never

Seldom

Occasionally

Often

Continually

47. How has the subject of God, faith or religion come up during sessions? (Check all that apply)

Dream material

At the start of a session

During the course of the patient's reportage

In response to an interpretation/intervention

I asked during intake interview/first session

Other (please specify)

48. What circumstances in patients' lives have led them to talk about God? (Check all that apply)

Illness

Loss

Pending loss

End of a relationship

Loss of job

Loss of business

Educational failure

Financial setback

Crisis of or struggle with faith

Committed a bad deed, sin or crime

A joyful or positive experience

Other (please specify)

49. Please describe an occasion when a patient spoke about their faith in God, their love of God or their anger at God (Open-ended answers)

50. What does your patients' God look like? (Check all that apply)

Like Michelangelo’s – does God have fingers and toes?

Another human form

Like a column of smoke or pillar of fire

Like one of your parents or grandparents

They view God as not being separate from themselves and/or the universe in general

Other (please specify)

None of the above

51. What do your patients say God is capable of doing for them? (Check all those that apply)

Bringing about change in their lives

Supporting them or giving them strength

Helping them find answers to questions or concerns

Judging them

Helping to strengthen their conscience

Accompanying them as they go through life

Other (please specify)

None of the above

52. Do any of your patients believe God is the Creator?

Yes

No

Not sure

53. If you answered yes to Question No. 52, what do patients believe God's role is as the Creator? (Open-ended answers)

54. Has your patients' perception or image of God changed during the course of analytic work?

Yes

No

55. If you answered yes to Question No. 54, please give an example (Open-ended answers)

56. Have your patients described having numinous experiences, a transcendent experience bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror?

Yes

No

57. If you answered yes to Question No. 56, please give an example (Open-ended answers)

58. When patients have described a numinous experience, did they have a sense of God's presence?

Yes

No

59. Do your patients find or see God, or something spiritual, in nature, the animal world, the plant world and/or the sky?

Yes

No

60. Has your work with a patient helped them reach a state of grace [a state of forgiveness and acceptance]?

Yes

No

Questions 61-72 sought to learn about how participants worked with patients' feelings and thoughts about God, religion and spirituality

61. What internal reactions (countertransference) have you had when your patients have mentioned God? (Check all that apply)

Anxiety

Fear

Anger

Interest

Joy

Exhilaration

Guilt

Other (please specify)

62. How prepared did you feel to explore, without an agenda or goal, a patient's faith and beliefs?

Not at all

Slightly

Moderately

Very

Extremely

63. When a patient has talked about God, have you ever made a Freudian interpretation, that their belief in God grows out of a neurotic symptom and/or their relationship with their parents?

Yes

No

64. When a patient talks about religion, God, the Bible, do you ever offer something you've gleaned from the Bible or other religious writings?

Yes

No

65. If you answered yes to Question No. 64, please give an example (Open-ended answers)

66. Have you ever introduced religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them?

Yes

No

67. If you answered yes to Question No. 66, please give an example (Open-ended answers)

68. If you answered no to Question No. 66, what has stopped you? (Open-ended answers)

69. If patients have talked about their love of God, how did you respond? (Check all that apply)

Remaining silent

Asking them to elaborate

Validating their feeling

Making a Freudian interpretation

Making an interpretation based on another theorist's work.

Other (please specify)

70. If you answered "Making an interpretation based on another theorist's work" to Question No. 69, please explain (Open-ended answers)

71. If patients have talked about their anger toward God, how did you respond? (Check all that apply)

Remaining silent

Asking them to elaborate

Validating their feeling

Making a Freudian interpretation

Making an interpretation based on another theorist’s work.

Other (please specify)

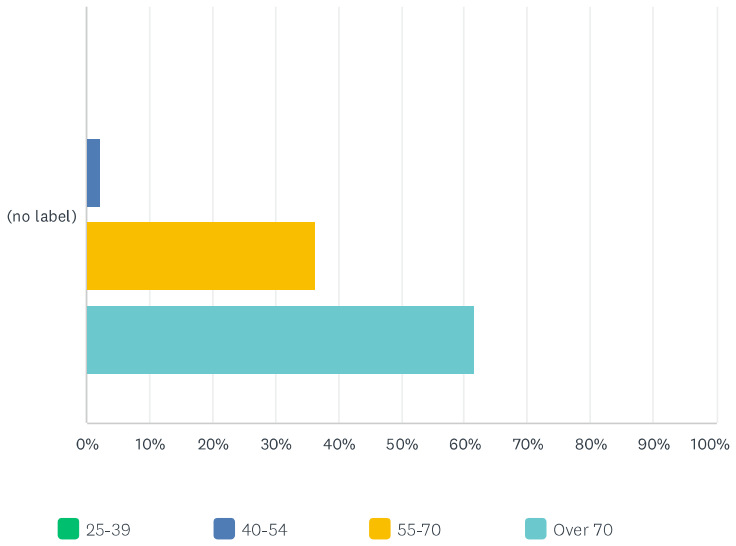
72. If you answered "Making an interpretation based on another theorist’s work" to Question No. 71, please explain (Open-ended answers)

Appendix C: Survey questions and results as analyzed by SurveyMonkey

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q1 What is your age?

Answered: 47 Skipped: 0

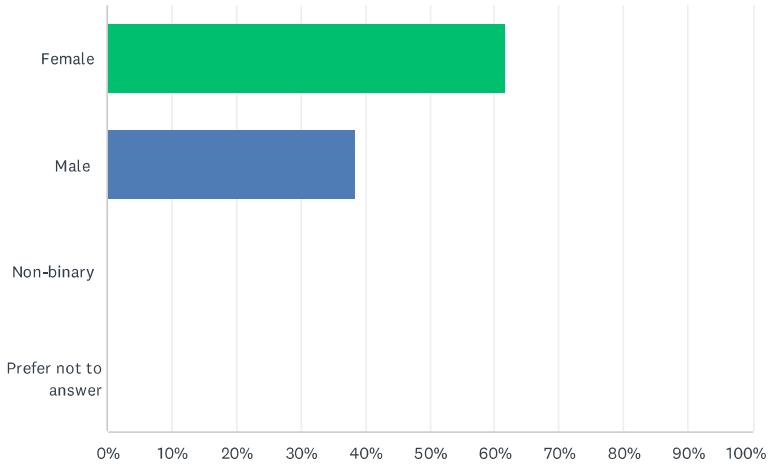


	25-39	40-54	55-70	OVER 70	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	2.13% 1	36.17% 17	61.70% 29	47	3.60

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q2 What is your gender?

Answered: 47 Skipped: 0

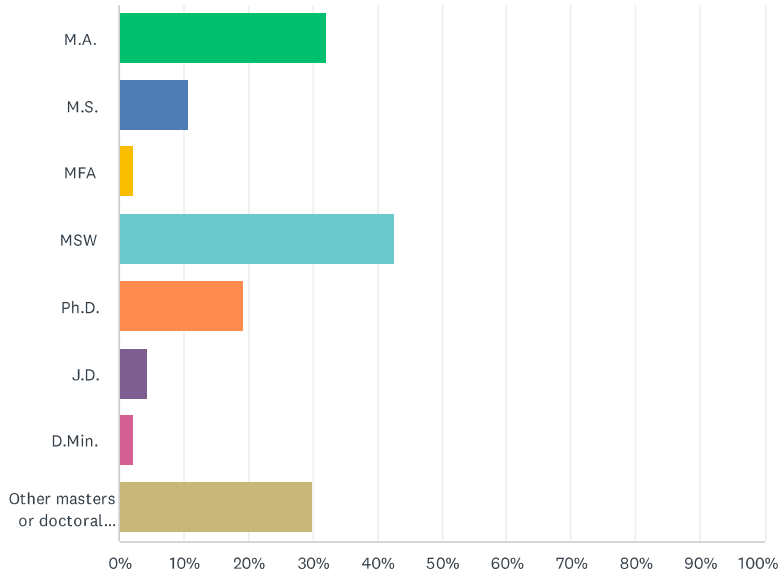


ANSWER CHOICES	RESPONSES	
Female	61.70%	29
Male	38.30%	18
Non-binary	0.00%	0
Prefer not to answer	0.00%	0
TOTAL		47

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q3 What degrees have you earned? (Check all that apply)

Answered: 47 Skipped: 0

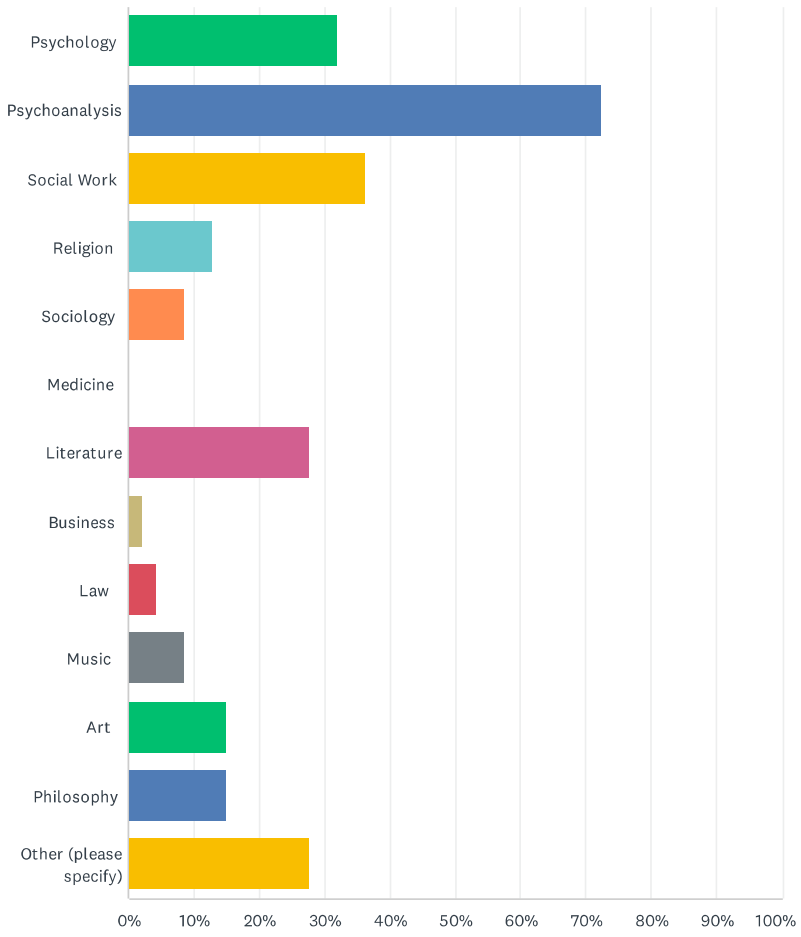


ANSWER CHOICES	RESPONSES	
M.A.	31.91%	15
M.S.	10.64%	5
MFA	2.13%	1
MSW	42.55%	20
Ph.D.	19.15%	9
J.D.	4.26%	2
D.Min.	2.13%	1
Other masters or doctoral degree (please specify)	29.79%	14
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q4 What was the focus of your educational development? (Check all the apply)

Answered: 47 Skipped: 0



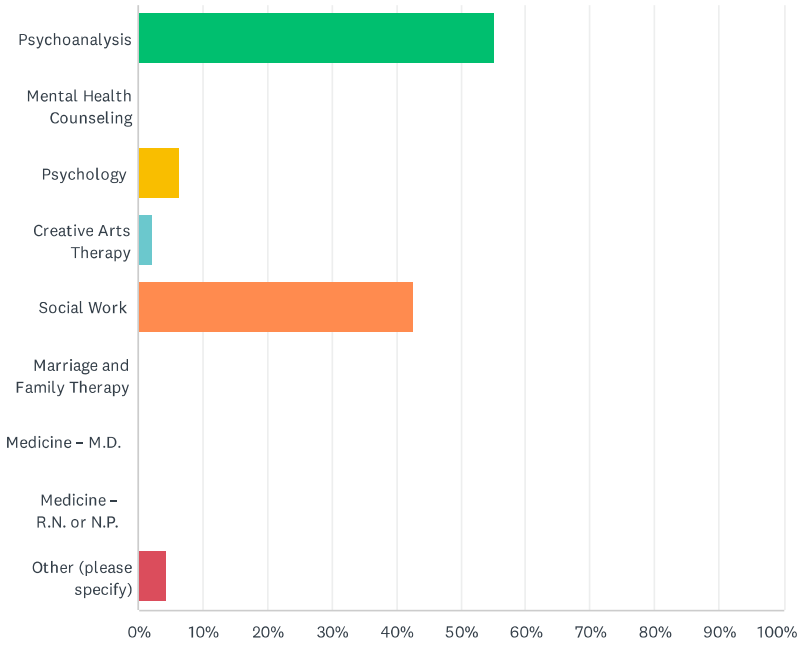
Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

ANSWER CHOICES	RESPONSES	
Psychology	31.91%	15
Psychoanalysis	72.34%	34
Social Work	36.17%	17
Religion	12.77%	6
Sociology	8.51%	4
Medicine	0.00%	0
Literature	27.66%	13
Business	2.13%	1
Law	4.26%	2
Music	8.51%	4
Art	14.89%	7
Philosophy	14.89%	7
Other (please specify)	27.66%	13
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q5 What field is your license in?

Answered: 47 Skipped: 0

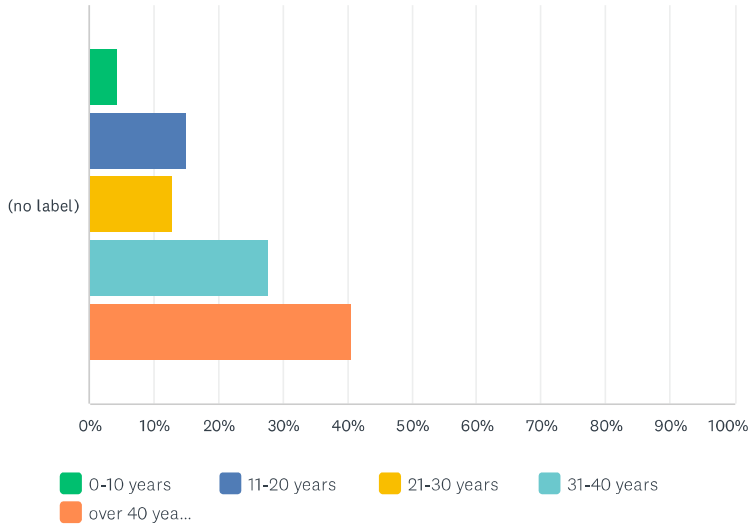


ANSWER CHOICES	RESPONSES	
Psychoanalysis	55.32%	26
Mental Health Counseling	0.00%	0
Psychology	6.38%	3
Creative Arts Therapy	2.13%	1
Social Work	42.55%	20
Marriage and Family Therapy	0.00%	0
Medicine – M.D.	0.00%	0
Medicine – R.N. or N.P.	0.00%	0
Other (please specify)	4.26%	2
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q6 How long have you been practicing?

Answered: 47 Skipped: 0

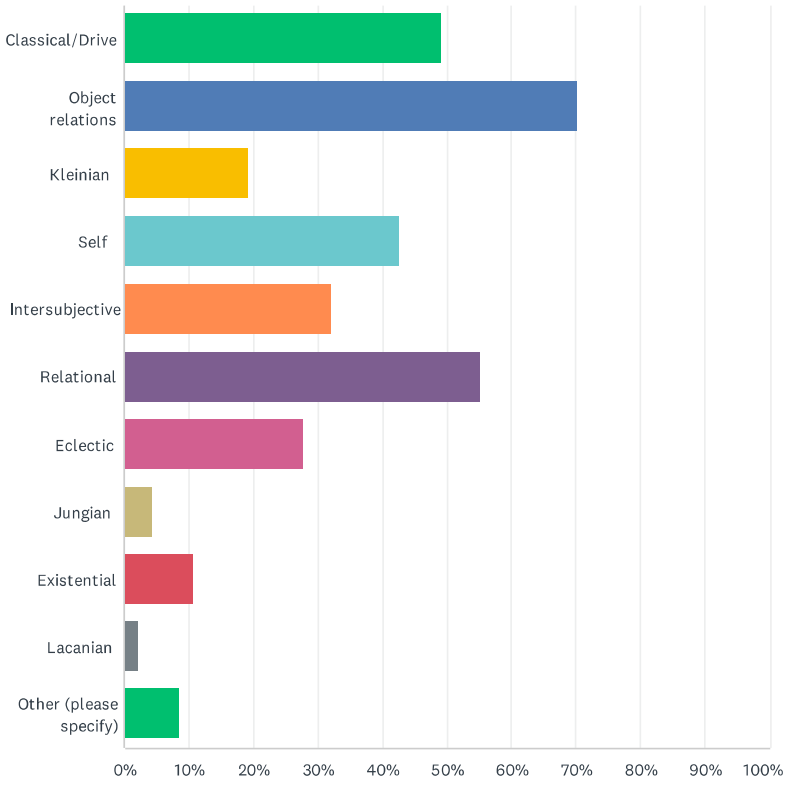


	0-10 YEARS	11-20 YEARS	21-30 YEARS	31-40 YEARS	OVER 40 YEARS	TOTAL	WEIGHTED AVERAGE
(no label)	4.26% 2	14.89% 7	12.77% 6	27.66% 13	40.43% 19	47	3.85

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q7 Would you describe your theoretical approach to psychoanalytic work as: (Check all that apply)

Answered: 47 Skipped: 0



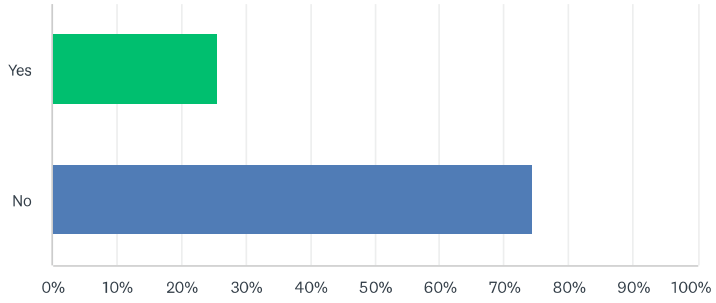
Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

ANSWER CHOICES	RESPONSES	
Classical/Drive	48.94%	23
Object relations	70.21%	33
Kleinian	19.15%	9
Self	42.55%	20
Intersubjective	31.91%	15
Relational	55.32%	26
Eclectic	27.66%	13
Jungian	4.26%	2
Existential	10.64%	5
Lacanian	2.13%	1
Other (please specify)	8.51%	4
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q8 Did you train at a psychoanalytic institute whose curriculum prepared you to work with and explore patients' conscious or unconscious material about God, faith, religion and/or spirituality?

Answered: 47 Skipped: 0

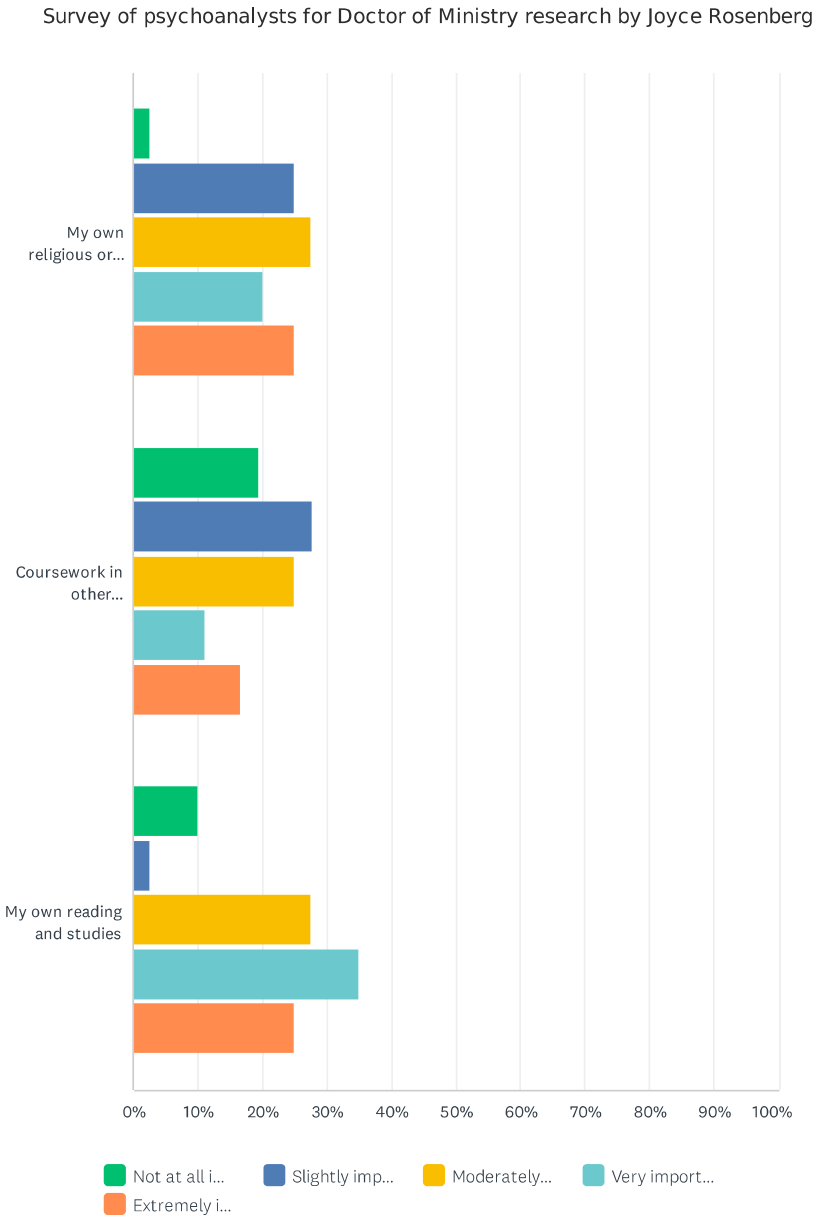


ANSWER CHOICES	RESPONSES	
Yes	25.53%	12
No	74.47%	35
TOTAL		47

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q9 If you answered “No” to Question No. 8 but are comfortable exploring patients’ conscious or unconscious material about God, faith, religion and/or spirituality, which of these served as your background basis, and how important was it to your development?

Answered: 42 Skipped: 5


Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg
My own religious or...
Coursework in other...
My own reading and studies
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Not at all i...
Slightly imp...
Moderately...
Very import...
Extremely i...

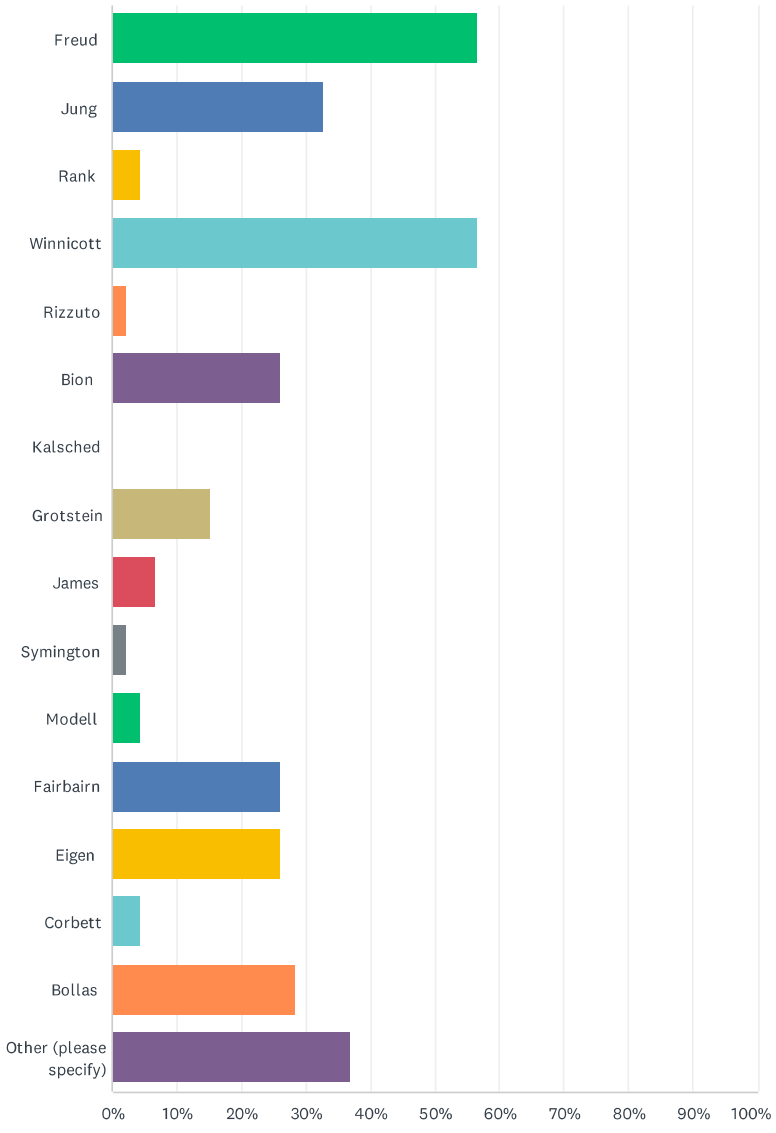
Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT	TOTAL	WEIGHTED AVERAGE
My own religious or spiritual background	2.50% 1	25.00% 10	27.50% 11	20.00% 8	25.00% 10	40	3.40
Coursework in other educational settings	19.44% 7	27.78% 10	25.00% 9	11.11% 4	16.67% 6	36	2.78
My own reading and studies	10.00% 4	2.50% 1	27.50% 11	35.00% 14	25.00% 10	40	3.63

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q10 Which theorist(s) guided you when a patient has brought up religion? (Check all that apply)

Answered: 46 Skipped: 1



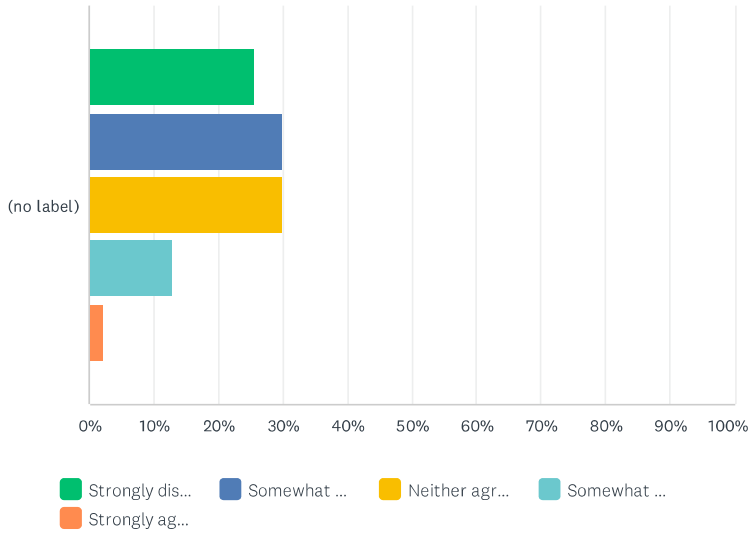
Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

ANSWER CHOICES	RESPONSES	
Freud	56.52%	26
Jung	32.61%	15
Rank	4.35%	2
Winnicott	56.52%	26
Rizzuto	2.17%	1
Bion	26.09%	12
Kalsched	0.00%	0
Grotstein	15.22%	7
James	6.52%	3
Symington	2.17%	1
Modell	4.35%	2
Fairbairn	26.09%	12
Eigen	26.09%	12
Corbett	4.35%	2
Bollas	28.26%	13
Other (please specify)	36.96%	17
Total Respondents: 46		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q11 How much do you agree with Freud's theories that religious belief is a neurosis that should be analyzed/outgrown?

Answered: 47 Skipped: 0

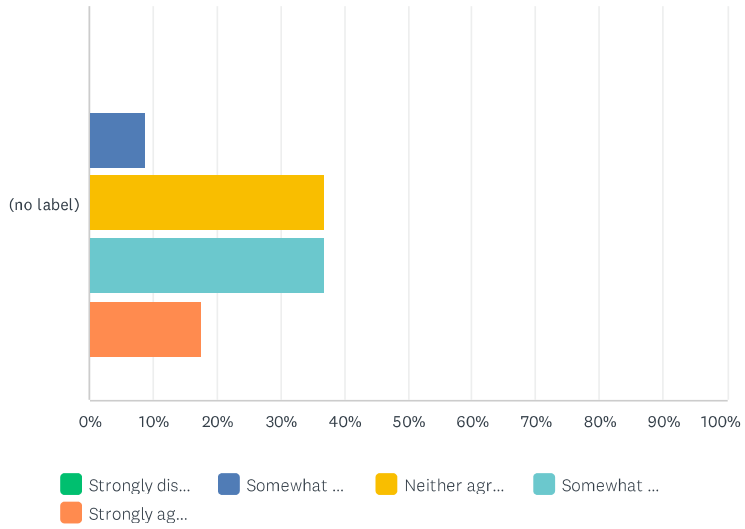


	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	25.53% 12	29.79% 14	29.79% 14	12.77% 6	2.13% 1	47	2.36

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q12 Questions 12 through 14 are about Jung's theory of the Self, which differs from Kohut's formulation of the Self."The Self is not only the centre, but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of consciousness." (Jung, C.G., 1953. Collected Works of C.G. Jung, Volume 12. Princeton University Press, Kindle Edition. Retrieved from Amazon.com.) To what extent do you agree with the above statement?

Answered: 46 Skipped: 1

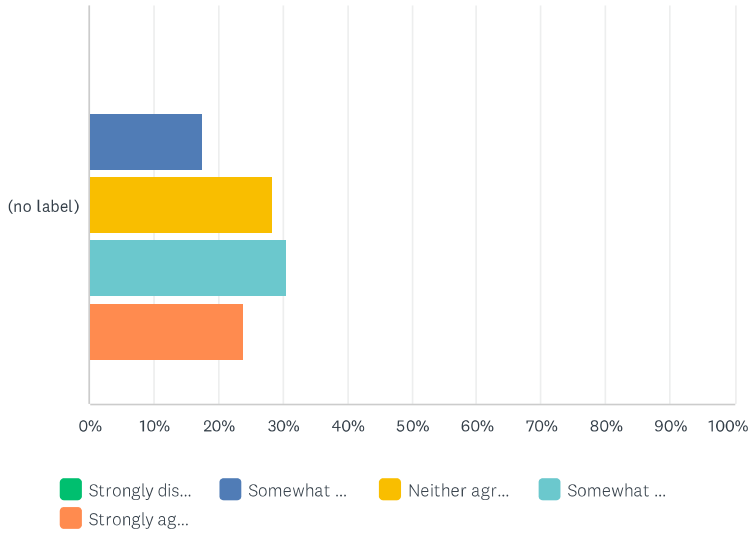


	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	8.70% 4	36.96% 17	36.96% 17	17.39% 8	46	3.63

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q13 "The Self as a unifying principle within the human psyche occupies the central position of authority in relation to psychological life and, therefore, the destiny of the individual." (Samuels, A., Shorter, B., and Plaut, F., 1986. A Critical Dictionary of Jungian Analysis. Taylor and Francis, Kindle Edition. Retrieved from Amazon.com.) To what extent do you agree with the above statement?

Answered: 46 Skipped: 1



	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	17.39% 8	28.26% 13	30.43% 14	23.91% 11	46	3.61

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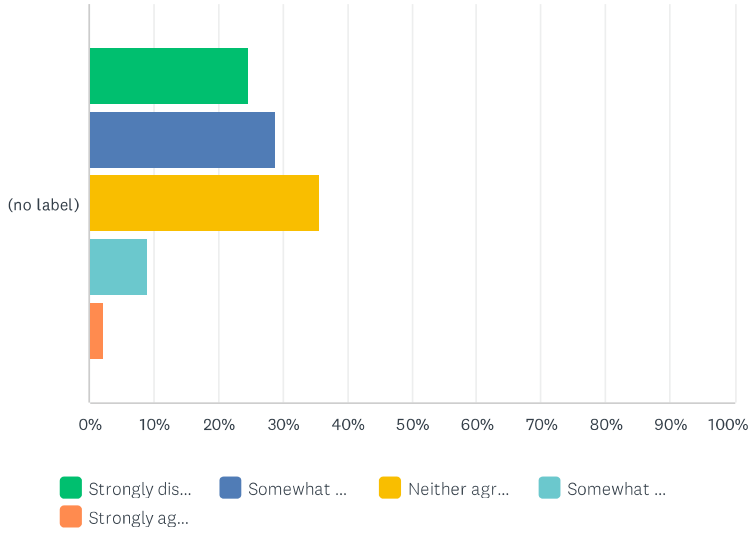
Q14 "One cannot consider the concept of the Self apart from its similarity to a God-image ..." (Samuels, A., et al, 1986) To what extent do you agree with the above statement?

Answered: 45 Skipped: 2

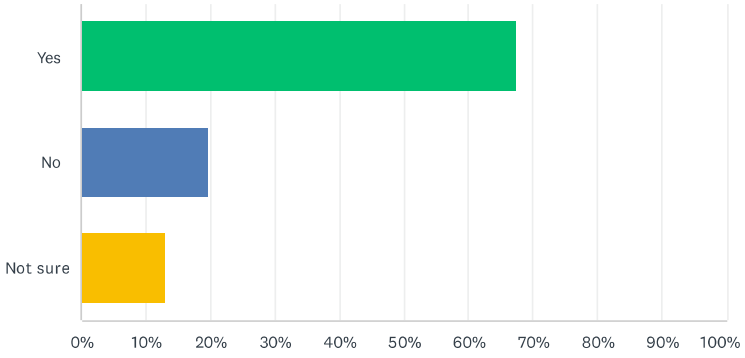


	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	24.44% 11	28.89% 13	35.56% 16	8.89% 4	2.22% 1	45	2.36

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q15 Have you had a numinous experience, a transcendent experience bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror?

Answered: 46 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	67.39%	31
No	19.57%	9
Not sure	13.04%	6
TOTAL		46

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q16 If you've had a numinous experience, please give a brief example.

Answered: 28 Skipped: 19

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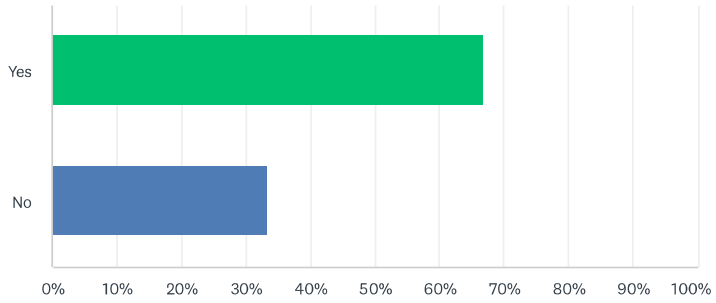
Q17 If you have had a numinous experience, has it helped your ability to discuss God, religion, faith or spirituality with patients?

Answered: 36 Skipped: 11

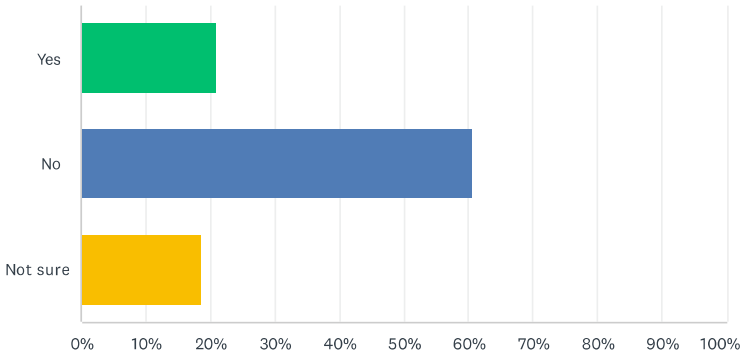


ANSWER CHOICES	RESPONSES	
Yes	66.67%	24
No	33.33%	12
TOTAL		36

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q18 Have you personally had a numinous experience during a session with a patient?

Answered: 43 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	20.93%	9
No	60.47%	26
Not sure	18.60%	8
TOTAL		43

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q19 If you answered yes to Question No. 18, please briefly describe it.

Answered: 14 Skipped: 33

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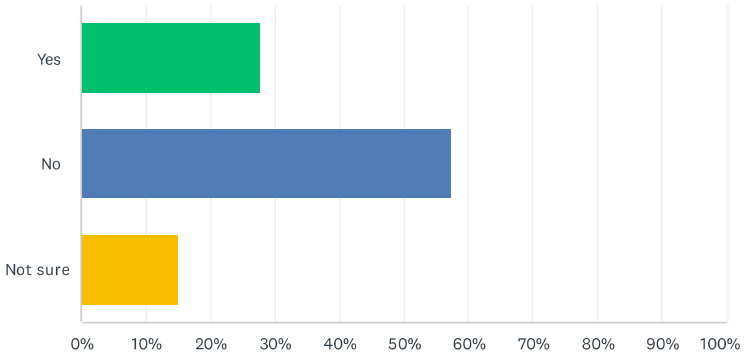
Q20 Have you had a daimonic experience, one where you had a sense of being between the material world and a sacred space?

Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	27.66%	13
No	57.45%	27
Not sure	14.89%	7
TOTAL		47

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

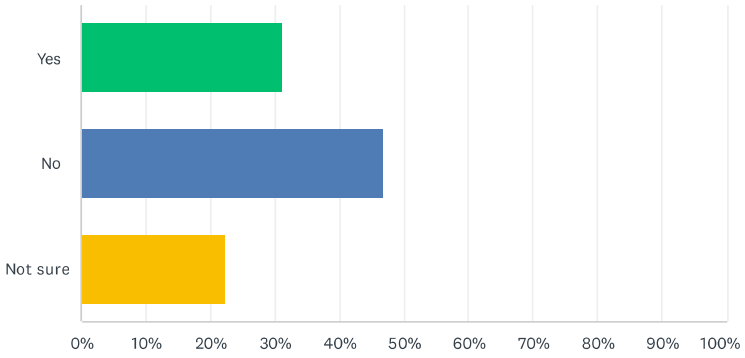
Q21 If you've had a daimonic experience, please give a brief example.

Answered: 17 Skipped: 30

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q22 Do you believe in God?

Answered: 45 Skipped: 2

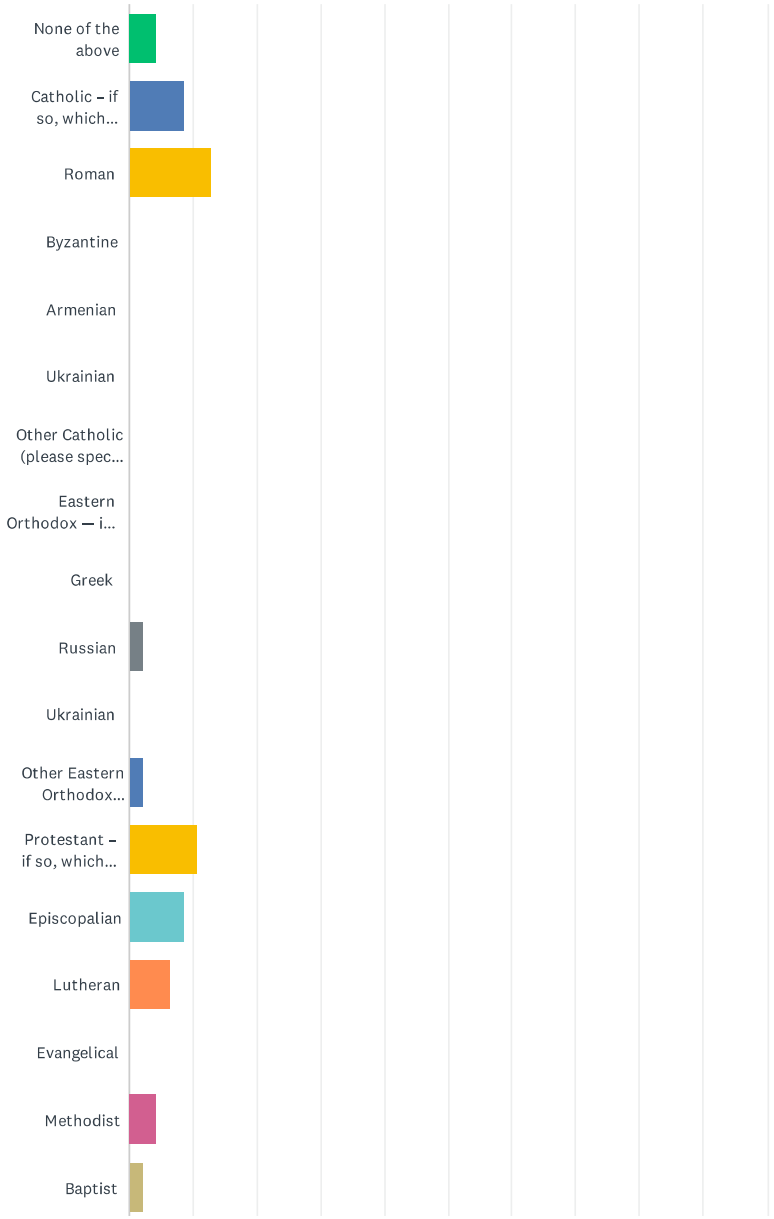


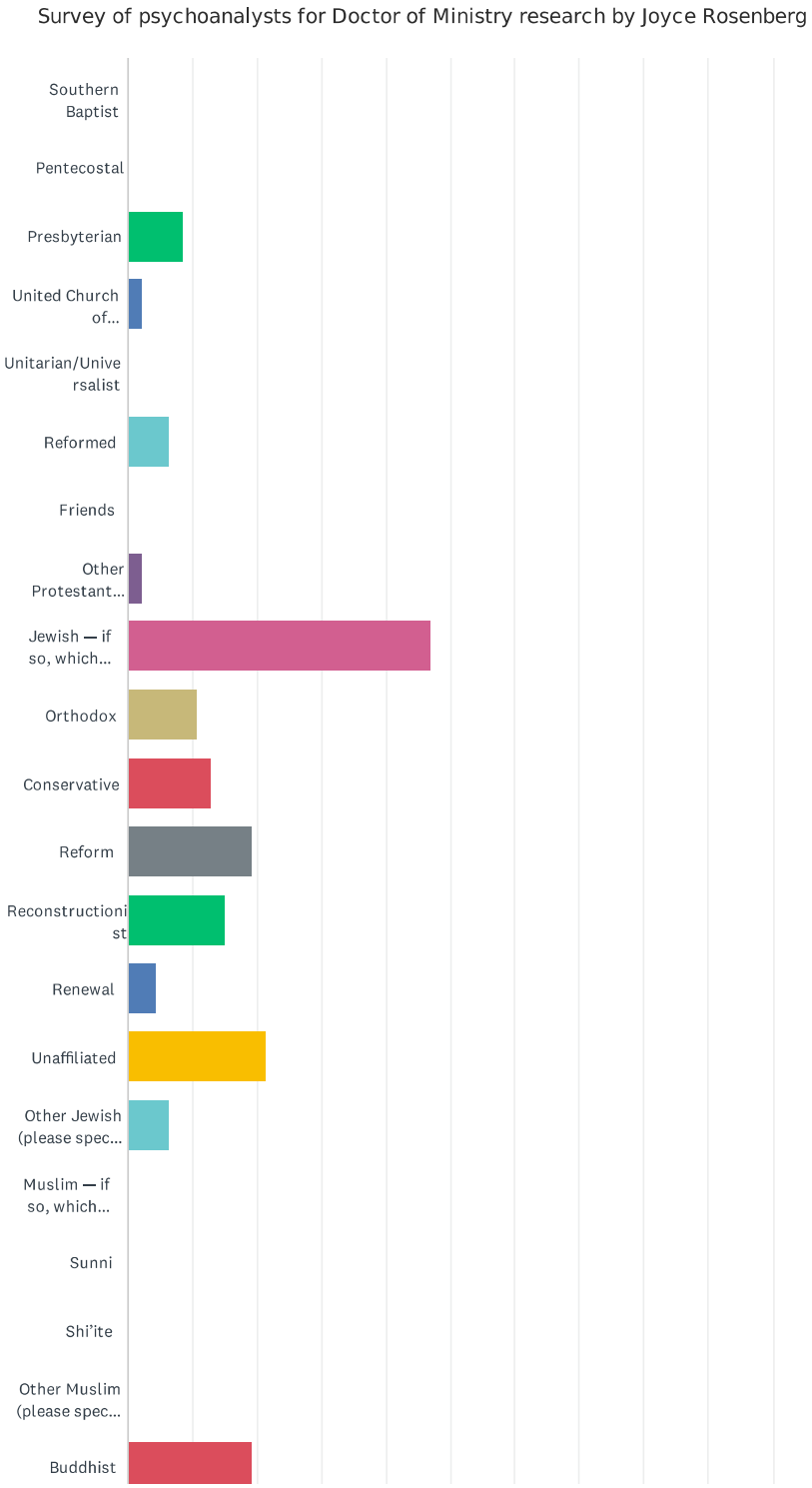
ANSWER CHOICES	RESPONSES	
Yes	31.11%	14
No	46.67%	21
Not sure	22.22%	10
TOTAL		45

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q23 Find the choices that apply to your faith/spiritual background, then check all that apply.

Answered: 47 Skipped: 0

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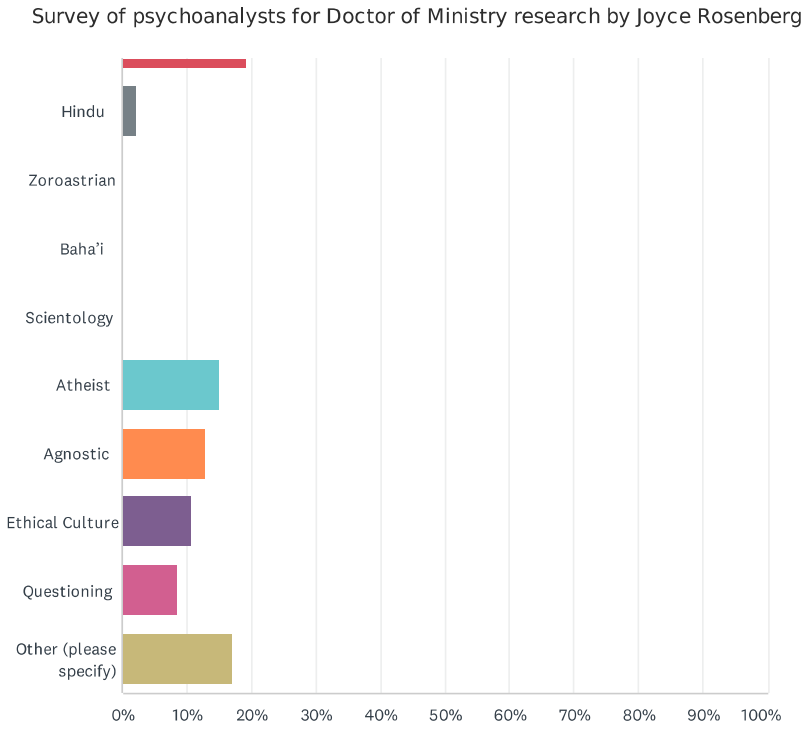
Southern Baptist
Pentecostal
Presbyterian
United Church of...
Unitarian/Universalist
Reformed
Friends
Other Protestant...
Jewish — if so, which...
Orthodox
Conservative
Reform
Reconstructionist
Renewal
Unaffiliated
Other Jewish (please spec...
Muslim — if so, which...
Sunni
Shi'ite
Other Muslim (please spec...
Buddhist

29 / 83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Hindu
Zoroastrian
Baha'i
Scientology
Atheist
Agnostic
Ethical Culture
Questioning
Other (please specify)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

ANSWER CHOICES	RESPONSES	
None of the above	4.26%	2
Catholic – if so, which denomination?	8.51%	4
Roman	12.77%	6
Byzantine	0.00%	0
Armenian	0.00%	0
Ukrainian	0.00%	0
Other Catholic (please specify below)	0.00%	0
Eastern Orthodox — if so, which denomination?	0.00%	0
Greek	0.00%	0
Russian	2.13%	1
Ukrainian	0.00%	0
Other Eastern Orthodox (please specify below)	2.13%	1
Protestant – if so, which denomination?	10.64%	5
Episcopalian	8.51%	4
Lutheran	6.38%	3
Evangelical	0,00%	0
Methodist	4.26%	2
Baptist	2.13%	1
Southern Baptist	0.00%	0
Pentecostal	0.00%	0
Presbyterian	8.51%	4
United Church of Christ/Congregationalist	2.13%	1
Unitarian/Universalist	0.00%	0
Reformed	6.38%	3
Friends	0.00%	0
Other Protestant (please specify below)	2.13%	1
Jewish — if so, which tradition?	46.81%	22
Orthodox	10.64%	5
Conservative	12.77%	6
Reform	19.15%	9
Reconstructionist	14.89%	7
Renewal	4.26%	2

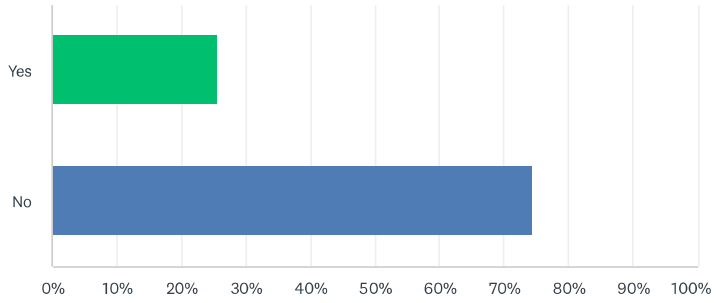
Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Unaffiliated	21.28%	10
Other Jewish (please specify below)	6.38%	3
Muslim — if so, which tradition?	0.00%	0
Sunni	0.00%	0
Shi'ite	0.00%	0
Other Muslim (please specify below)	0.00%	0
Buddhist	19.15%	9
Hindu	2.13%	1
Zoroastrian	0.00%	0
Baha'i	0.00%	0
Scientology	0.00%	0
Atheist	14.89%	7
Agnostic	12.77%	6
Ethical Culture	10.64%	5
Questioning	8.51%	4
Other (please specify)	17.02%	8
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q24 Would you describe yourself as a religious person?

Answered: 47 Skipped: 0

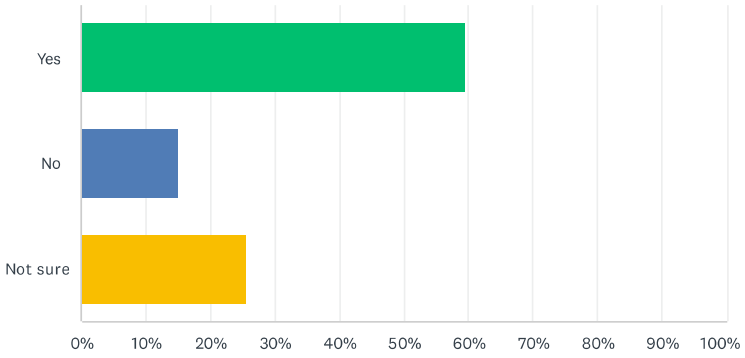


ANSWER CHOICES	RESPONSES	
Yes	25.53%	12
No	74.47%	35
TOTAL		47

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q25 Would you describe yourself as a spiritual person?

Answered: 47 Skipped: 0

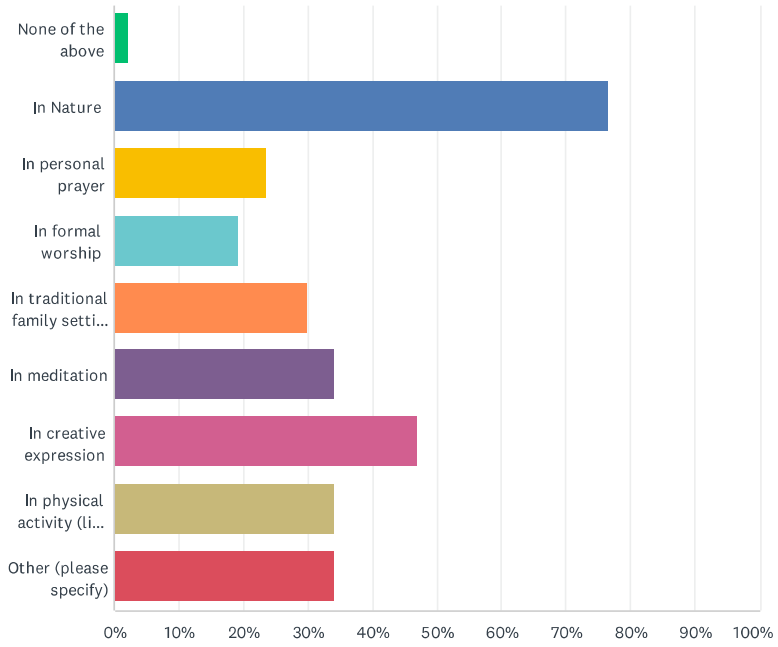


ANSWER CHOICES	RESPONSES	
Yes	59.57%	28
No	14.89%	7
Not sure	25.53%	12
TOTAL		47

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q26 Where have you found the greatest expression of faith, religion and/or spirituality? (Check all that apply)

Answered: 47 Skipped: 0

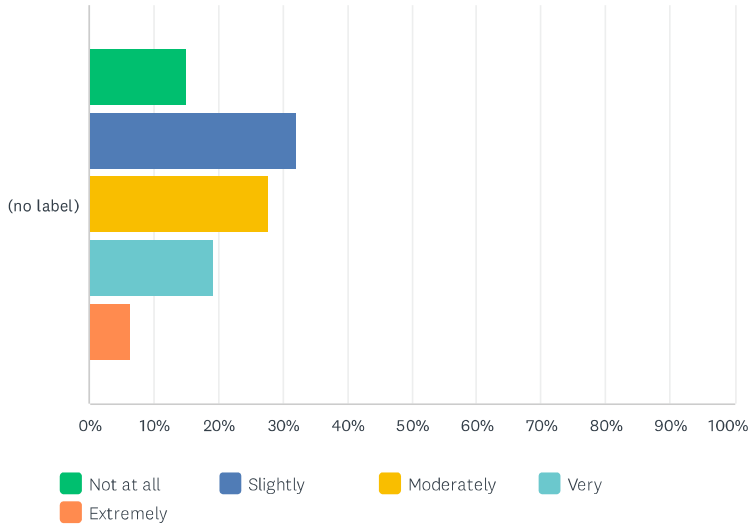


ANSWER CHOICES	RESPONSES	
None of the above	2.13%	1
In Nature	76.60%	36
In personal prayer	23.40%	11
In formal worship	19.15%	9
In traditional family settings (like the Passover seder or baptisms)	29.79%	14
In meditation	34.04%	16
In creative expression	46.81%	22
In physical activity (like exercise, skiing, dancing, swimming, walking, etc.)	34.04%	16
Other (please specify)	34.04%	16
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q27 How religiously observant was your family of origin?

Answered: 47 Skipped: 0



	NOT AT ALL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	TOTAL	WEIGHTED AVERAGE
(no label)	14.89% 7	31.91% 15	27.66% 13	19.15% 9	6.38% 3	47	2.70

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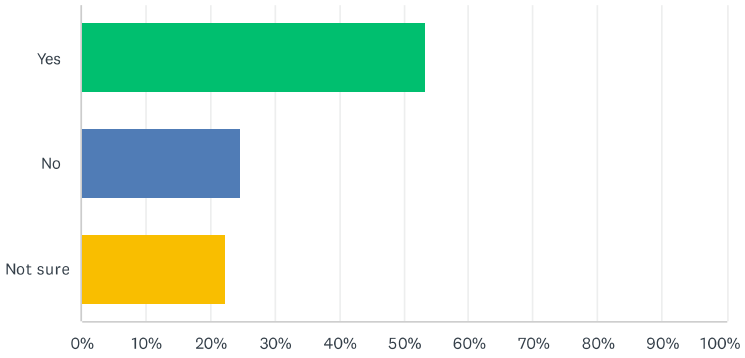
Q28 Did your mother believe in God?

Answered: 45 Skipped: 2

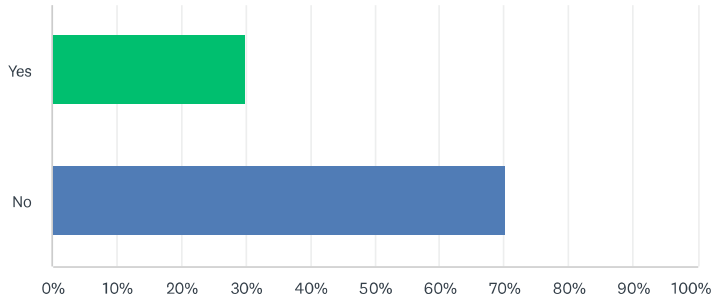


ANSWER CHOICES	RESPONSES	
Yes	53.33%	24
No	24.44%	11
Not sure	22.22%	10
TOTAL		45

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q29 Did she teach or speak to you about God?

Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	29.79%	14
No	70.21%	33
TOTAL		47

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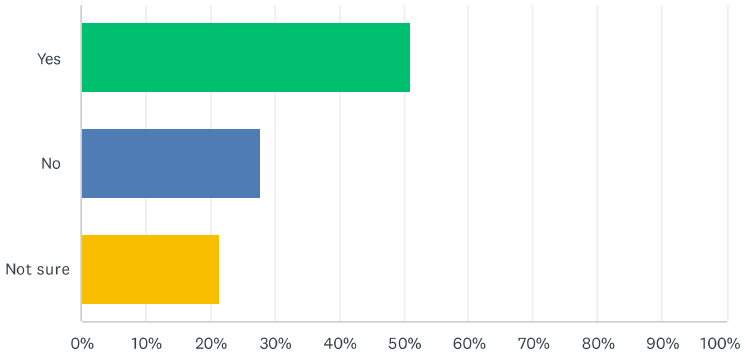
Q30 Did your father believe in God?

Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	51.06%	24
No	27.66%	13
Not sure	21.28%	10
TOTAL		47

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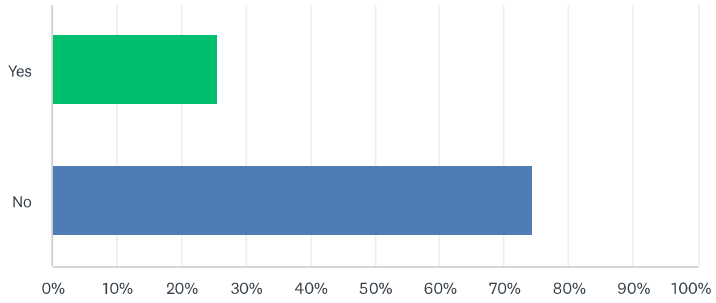
Q31 Did he teach or speak to you about God?

Answered: 47 Skipped: 0

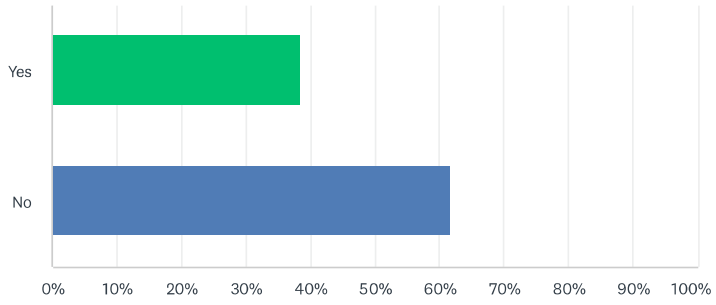


ANSWER CHOICES	RESPONSES	
Yes	25.53%	12
No	74.47%	35
TOTAL		47

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q32 Did another family member or person teach or speak to you about God?

Answered: 47 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	38.30%	18
No	61.70%	29
TOTAL		47

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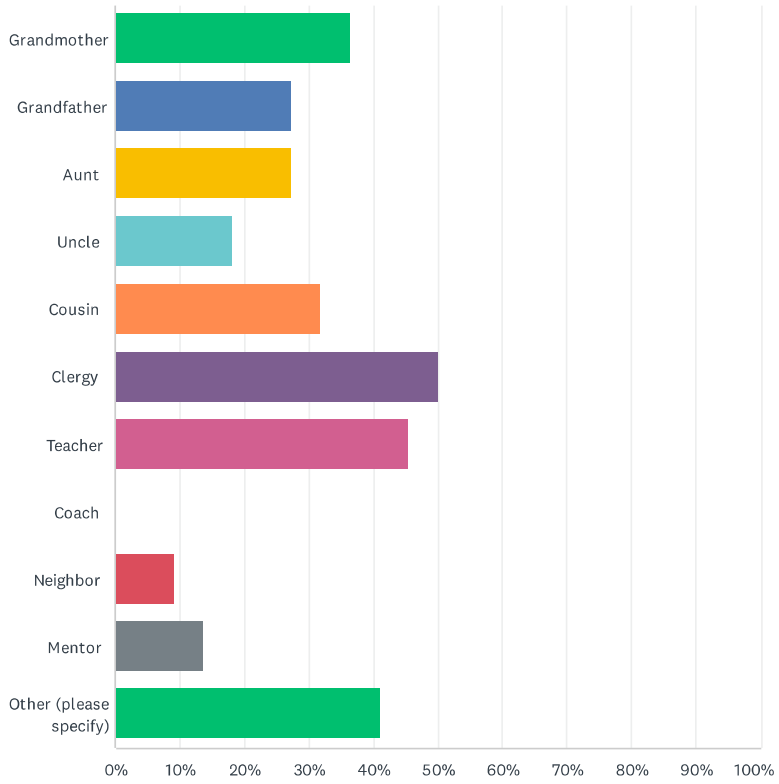
Q33 If you answered yes to Question No. 32, who was it? (Check all that apply)

Answered: 22 Skipped: 25



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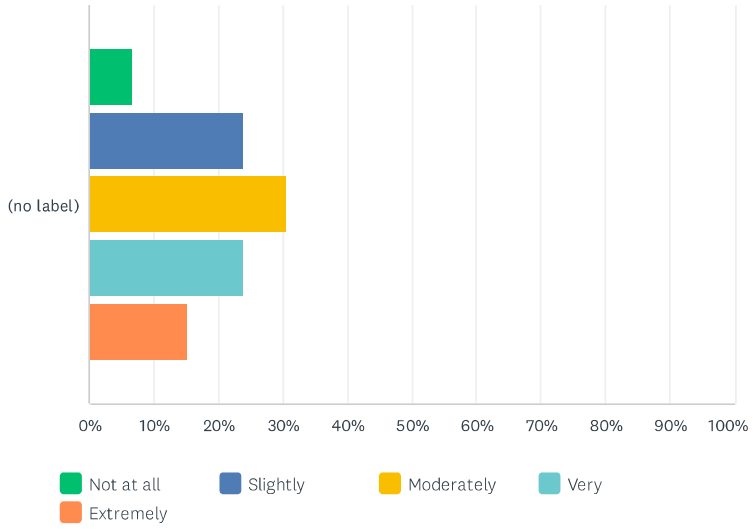
ANSWER CHOICES	RESPONSES	
Grandmother	36.36%	8
Grandfather	27.27%	6
Aunt	27.27%	6
Uncle	18.18%	4
Cousin	31.82%	7
Clergy	50.00%	11
Teacher	45.45%	10
Coach	0.00%	0
Neighbor	9.09%	2
Mentor	13.64%	3
Other (please specify)	40.91%	9
Total Respondents: 22		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q34 How important is spirituality in your life?

Answered: 46 Skipped: 1

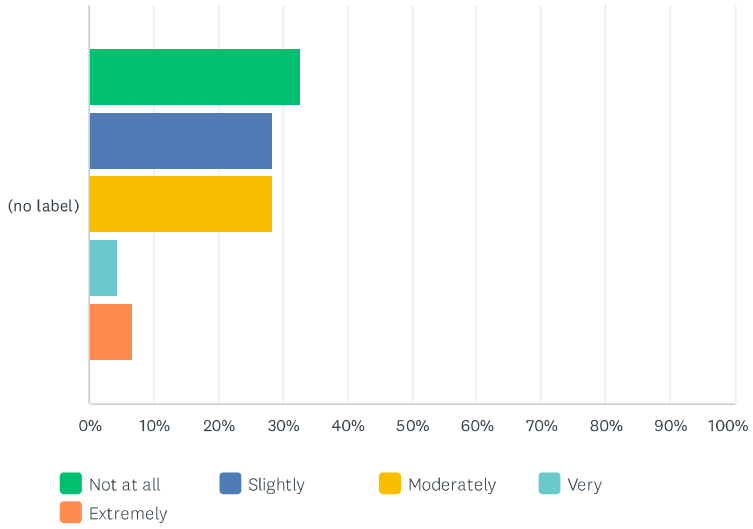


	NOT AT ALL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	TOTAL	WEIGHTED AVERAGE
(no label)	6.52% 3	23.91% 11	30.43% 14	23.91% 11	15.22% 7	46	3.17

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q35 How important is religion or spirituality in your practice?

Answered: 46 Skipped: 1



	NOT AT ALL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	TOTAL	WEIGHTED AVERAGE
(no label)	32.61% 15	28.26% 13	28.26% 13	4.35% 2	6.52% 3	46	2.24

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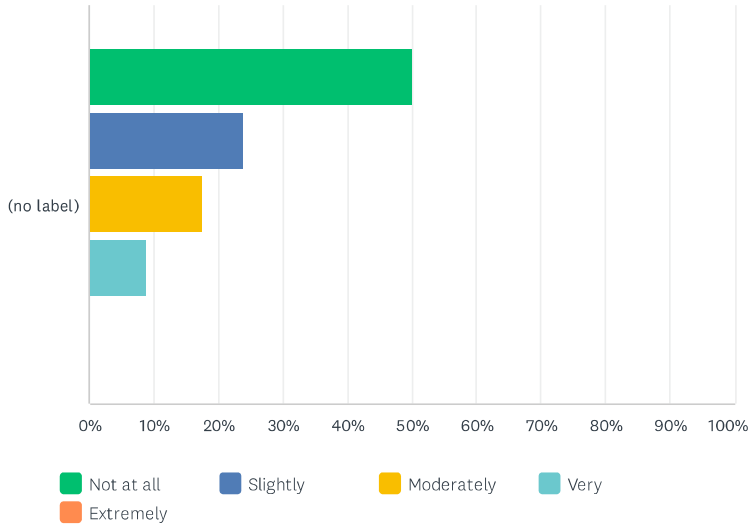
Q36 How religiously observant are you?

Answered: 46 Skipped: 1



	NOT AT ALL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	TOTAL	WEIGHTED AVERAGE
(no label)	50.00% 23	23.91% 11	17.39% 8	8.70% 4	0.00% 0	46	1.85

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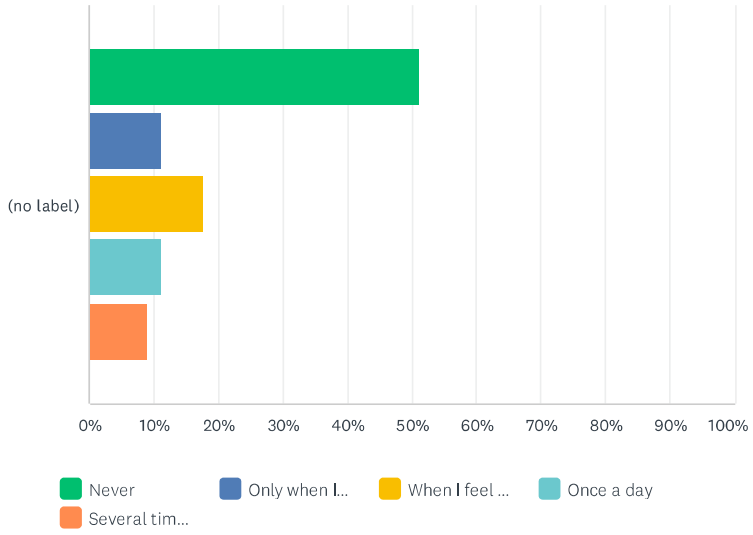
Q37 How often do you pray?

Answered: 45 Skipped: 2



	NEVER	ONLY WHEN I'M IN A RELIGIOUS SERVICE	WHEN I FEEL TROUBLED IN SOME WAY	ONCE A DAY	SEVERAL TIMES A DAY	TOTAL	WEIGHTED AVERAGE
(no label)	51.11% 23	11.11% 5	17.78% 8	11.11% 5	8.89% 4	45	2.16

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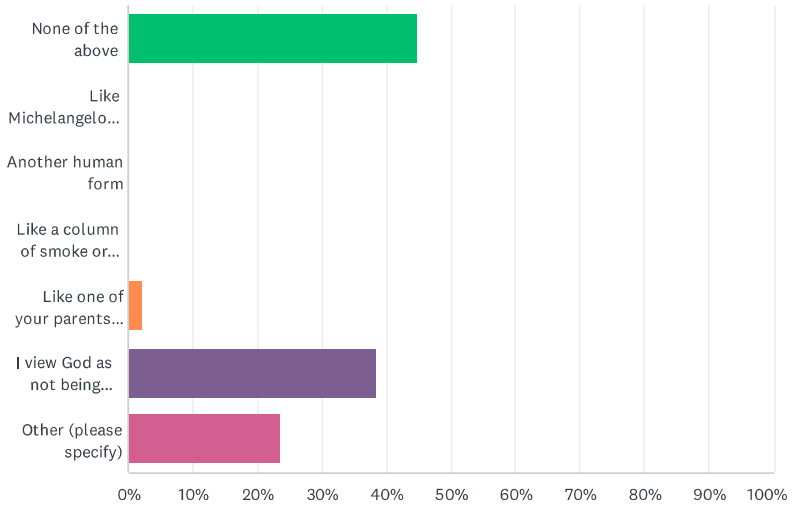
Q38 What does your image of God look like?

Answered: 47 Skipped: 0

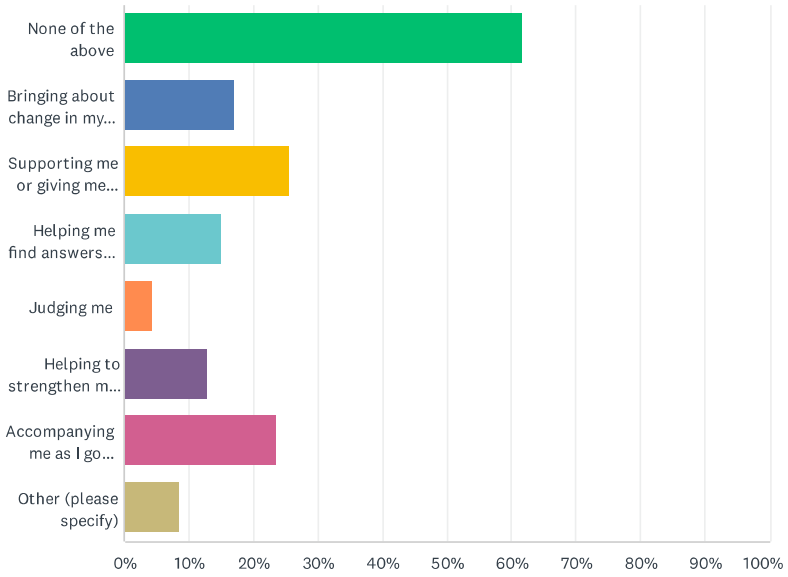


ANSWER CHOICES	RESPONSES	
None of the above	44.68%	21
Like Michelangelo's – does God have fingers and toes?	0.00%	0
Another human form	0.00%	0
Like a column of smoke or pillar of fire	0.00%	0
Like one of your parents or grandparents	2.13%	1
I view God as not being separate from myself and/or the universe in general	38.30%	18
Other (please specify)	23.40%	11
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q39 What is God capable of doing for you? (Check all those that apply)

Answered: 47 Skipped: 0

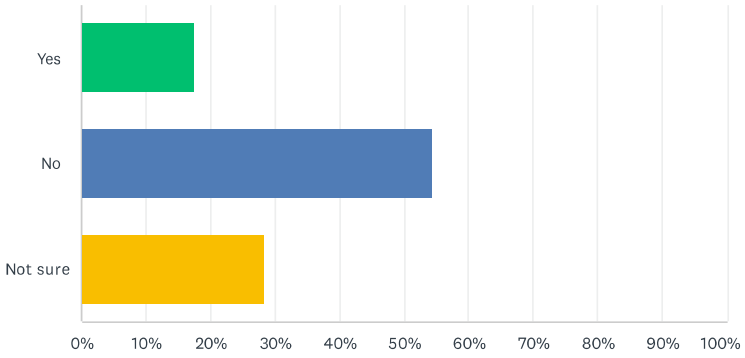


ANSWER CHOICES	RESPONSES	
None of the above	61.70%	29
Bringing about change in my life	17.02%	8
Supporting me or giving me strength	25.53%	12
Helping me find answers to questions or concerns	14.89%	7
Judging me	4.26%	2
Helping to strengthen my conscience	12.77%	6
Accompanying me as I go through life	23.40%	11
Other (please specify)	8.51%	4
Total Respondents: 47		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q40 Do you believe God is the Creator?

Answered: 46 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	17.39%	8
No	54.35%	25
Not sure	28.26%	13
TOTAL		46

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Q41 If you answered yes to Question No. 40, what is God's role as the Creator>

Answered: 12 Skipped: 35

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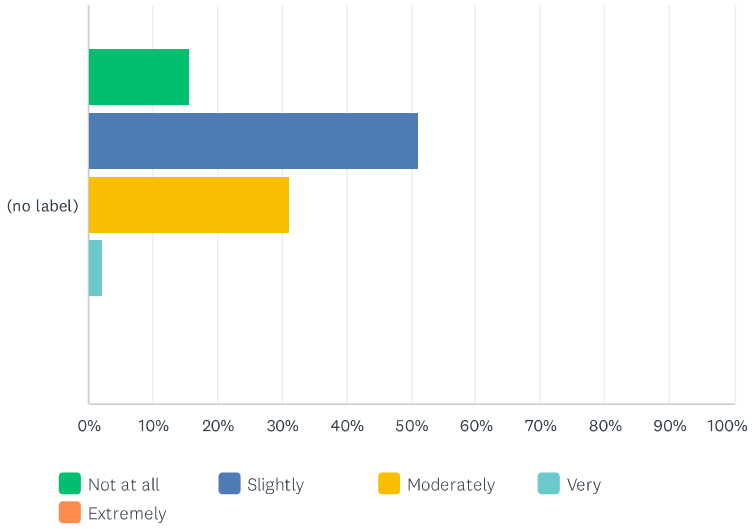
Q42 How religious are your patients generally?

Answered: 45 Skipped: 2



	NOT AT ALL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	TOTAL	WEIGHTED AVERAGE
(no label)	15.56% 7	51.11% 23	31.11% 14	2.22% 1	0.00% 0	45	2.20

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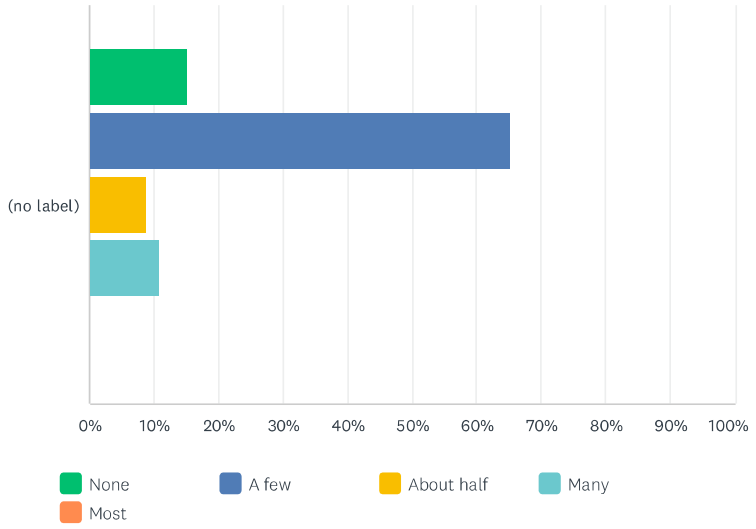
Q43 How many of your patients have talked about their faith in God?

Answered: 46 Skipped: 1

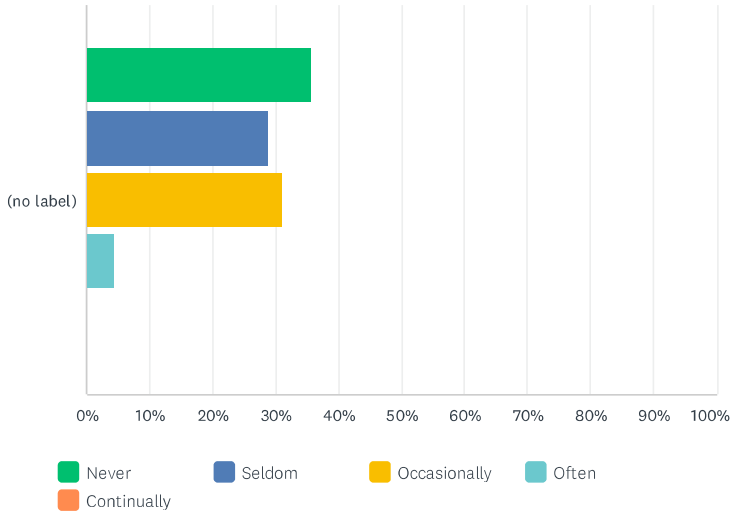


	NONE	A FEW	ABOUT HALF	MANY	MOST	TOTAL	WEIGHTED AVERAGE
(no label)	15.22% 7	65.22% 30	8.70% 4	10.87% 5	0.00% 0	46	2.15

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q44 How often have your patients talked about their love of God?

Answered: 45 Skipped: 2



	NEVER	SELDOM	OCCASIONALLY	OFTEN	CONTINUALLY	TOTAL	WEIGHTED AVERAGE
(no label)	35.56% 16	28.89% 13	31.11% 14	4.44% 2	0.00% 0	45	2.04

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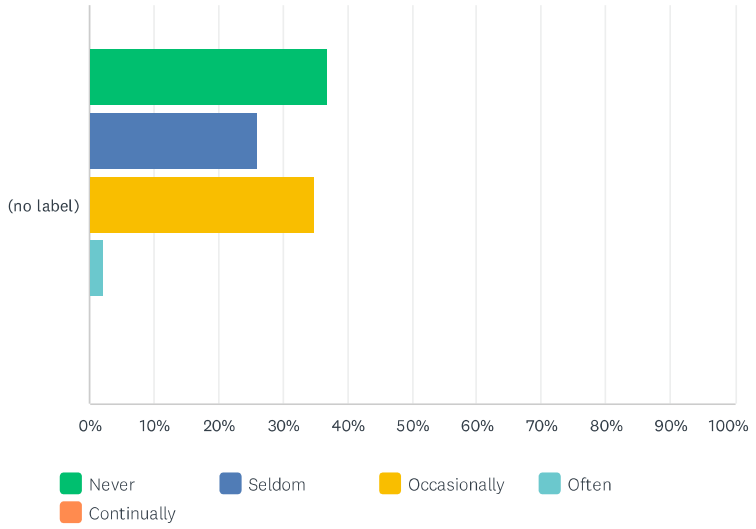
Q45 How often have your patients talked about their anger at God?

Answered: 46 Skipped: 1



	NEVER	SELDOM	OCCASIONALLY	OFTEN	CONTINUALLY	TOTAL	WEIGHTED AVERAGE
(no label)	36.96% 17	26.09% 12	34.78% 16	2.17% 1	0.00% 0	46	2.02

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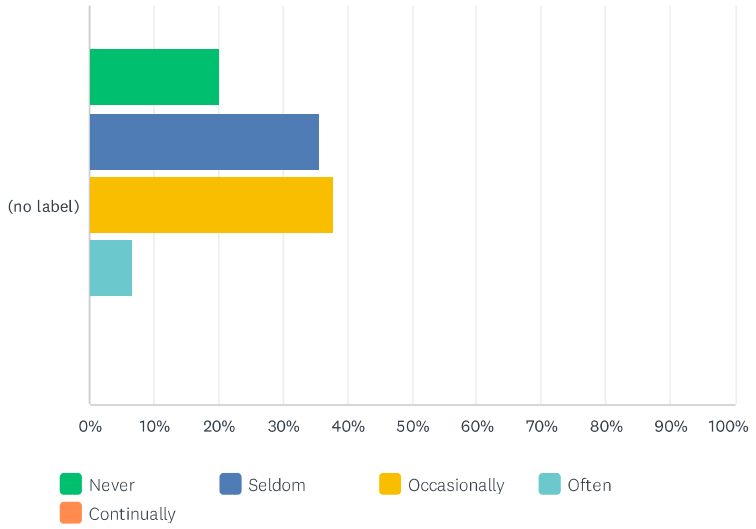
Q46 How often have your patients talked about their struggles with belief in God?

Answered: 45 Skipped: 2



	NEVER	SELDOM	OCCASIONALLY	OFTEN	CONTINUALLY	TOTAL	WEIGHTED AVERAGE
(no label)	20.00% 9	35.56% 16	37.78% 17	6.67% 3	0.00% 0	45	2.31

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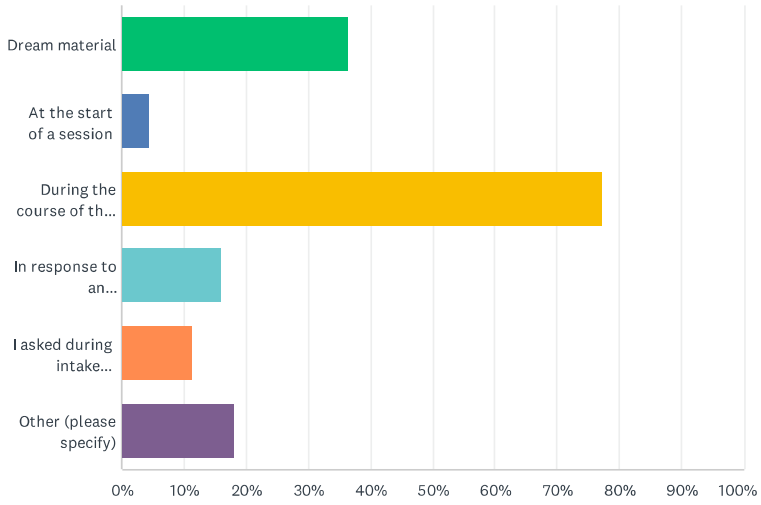
Q47 How has the subject of God, faith or religion come up during sessions? (Check all that apply)

Answered: 44 Skipped: 3



ANSWER CHOICES	RESPONSES	
Dream material	36.36%	16
At the start of a session	4.55%	2
During the course of the patient's reportage	77.27%	34
In response to an interpretation/intervention	15.91%	7
I asked during intake interview/first session	11.36%	5
Other (please specify)	18.18%	8
Total Respondents: 44		

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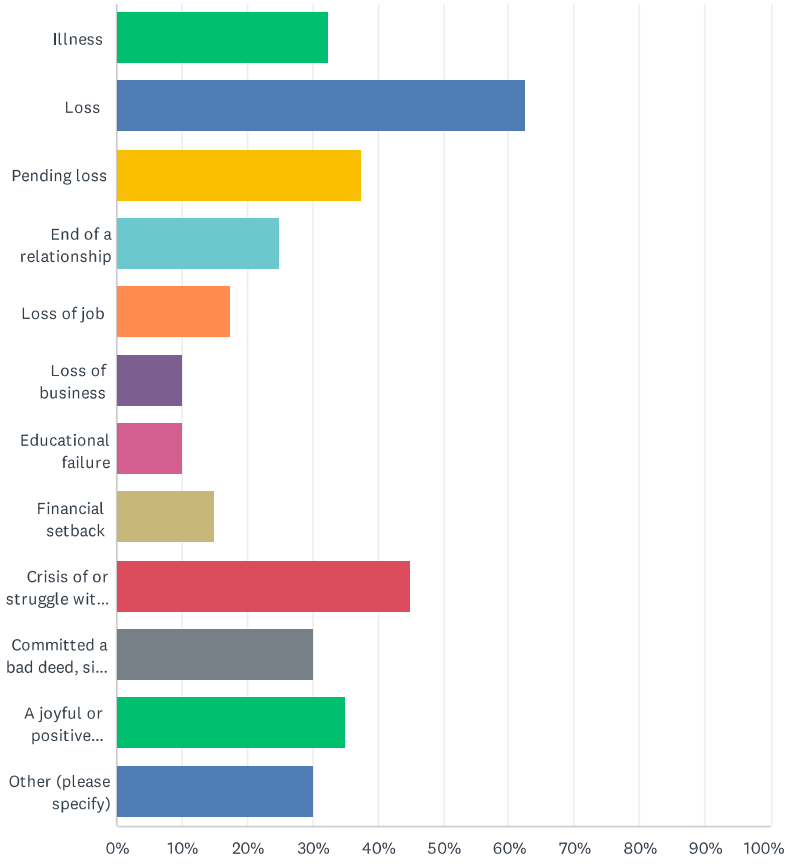
Q48 What circumstances in patients' lives have led them to talk about God? (Check all that apply)

Answered: 40 Skipped: 7



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ANSWER CHOICES	RESPONSES	
Illness	32.50%	13
Loss	62.50%	25
Pending loss	37.50%	15
End of a relationship	25.00%	10
Loss of job	17.50%	7
Loss of business	10.00%	4
Educational failure	10.00%	4
Financial setback	15.00%	6
Crisis of or struggle with faith	45.00%	18
Committed a bad deed, sin or crime	30.00%	12
A joyful or positive experience	35.00%	14
Other (please specify)	30.00%	12
Total Respondents: 40		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q49 Please describe an occasion when a patient spoke about their faith in God, their love of God or their anger at God.

Answered: 34 Skipped: 13

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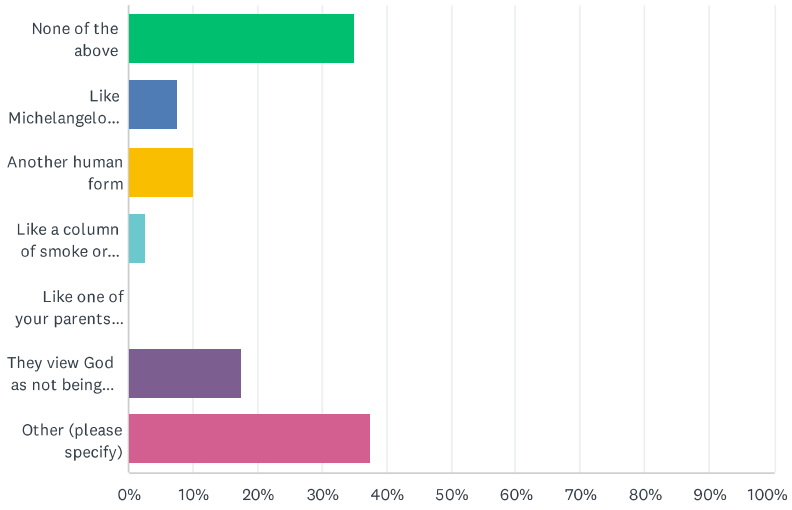
Q50 What does your patients' God look like? (Check all that apply)

Answered: 40 Skipped: 7

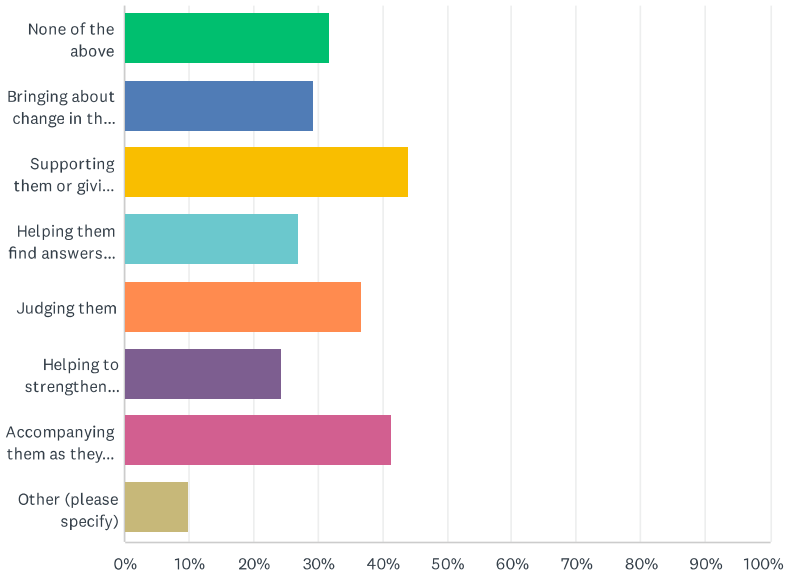


ANSWER CHOICES	RESPONSES	
None of the above	35.00%	14
Like Michelangelo's – does God have fingers and toes?	7.50%	3
Another human form	10.00%	4
Like a column of smoke or pillar of fire	2.50%	1
Like one of your parents or grandparents	0.00%	0
They view God as not being separate from themselves and/or the universe in general	17.50%	7
Other (please specify)	37.50%	15
Total Respondents: 40		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q51 What do your patients say God is capable of doing for them? (Check all those that apply)

Answered: 41 Skipped: 6

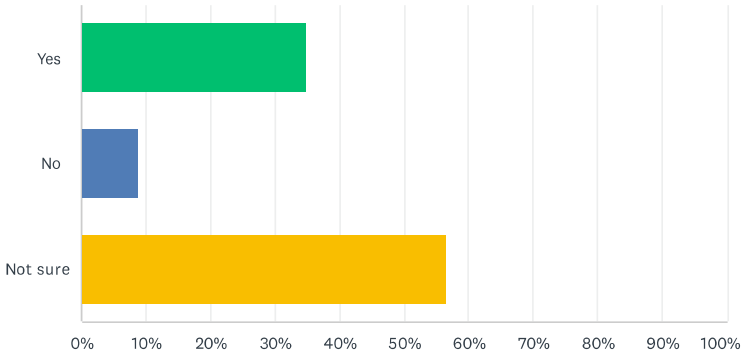


ANSWER CHOICES	RESPONSES	
None of the above	31.71%	13
Bringing about change in their lives	29.27%	12
Supporting them or giving them strength	43.90%	18
Helping them find answers to questions or concerns	26.83%	11
Judging them	36.59%	15
Helping to strengthen their conscience	24.39%	10
Accompanying them as they go through life	41.46%	17
Other (please specify)	9.76%	4
Total Respondents: 41		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q52 Do any of your patients believe God is the Creator?

Answered: 46 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	34.78%	16
No	8.70%	4
Not sure	56.52%	26
TOTAL		46

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

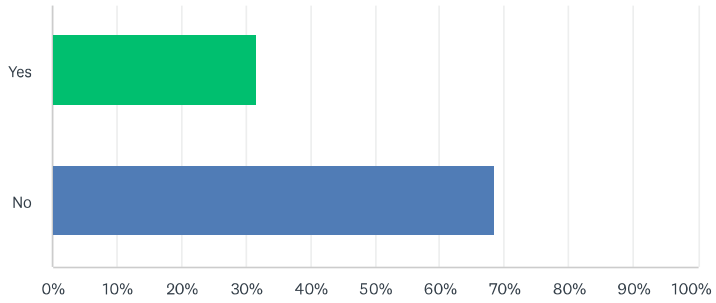
Q53 If you answered yes to Question No. 52, what do patients believe God's role is as the Creator?

Answered: 17 Skipped: 30

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q54 Has your patients' perception or image of God changed during the course of analytic work?

Answered: 38 Skipped: 9



ANSWER CHOICES	RESPONSES	
Yes	31.58%	12
No	68.42%	26
TOTAL		38

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

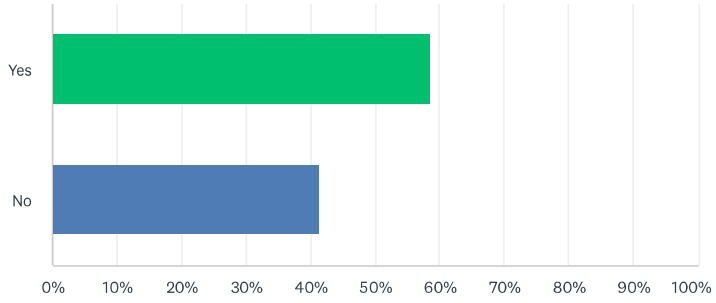
Q55 If you answered yes to Question No. 54, please give an example.

Answered: 13 Skipped: 34

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q56 Have your patients described having numinous experiences, a transcendent experience bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror?

Answered: 46 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	58.70%	27
No	41.30%	19
TOTAL		46

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

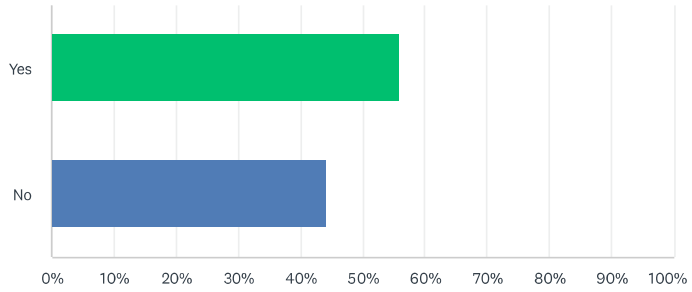
Q57 If you answered yes to Question No. 56, please give an example.

Answered: 24 Skipped: 23

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q58 When patients have described a numinous experience, did they have a sense of God'spresence?

Answered: 34 Skipped: 13

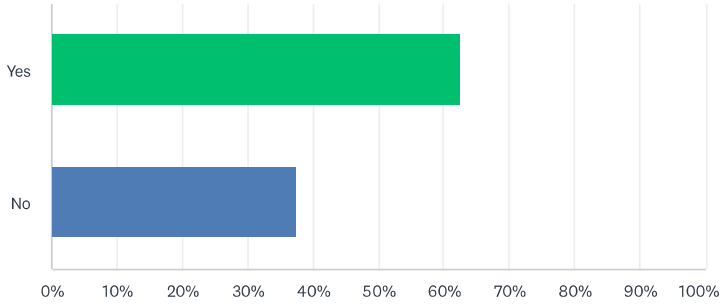


ANSWER CHOICES	RESPONSES	
Yes	55.88%	19
No	44.12%	15
TOTAL		34

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q59 Do your patients find or see God, or something spiritual, in nature, the animal world, the plant world and/or the sky?

Answered: 40 Skipped: 7

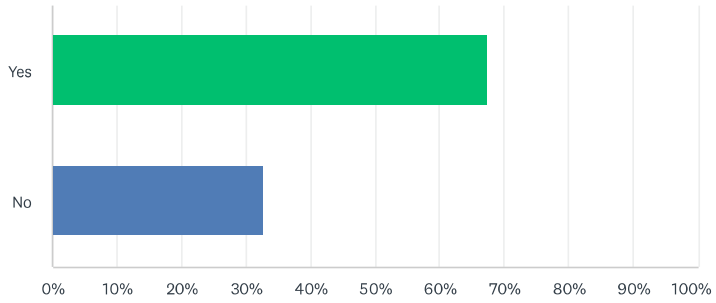


ANSWER CHOICES	RESPONSES	
Yes	62.50%	25
No	37.50%	15
TOTAL		40

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q60 Has your work with a patient helped them reach a state of grace [a state of forgiveness and acceptance]?

Answered: 46 Skipped: 1

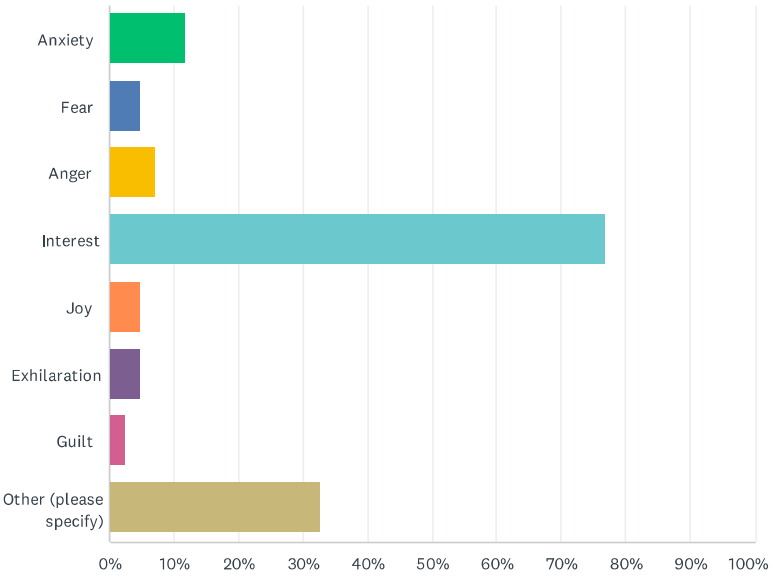


ANSWER CHOICES	RESPONSES	
Yes	67.39%	31
No	32.61%	15
TOTAL		46

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q61 What internal reactions (countertransference) have you had when your patients have mentioned God? (Check all that apply)

Answered: 43 Skipped: 4

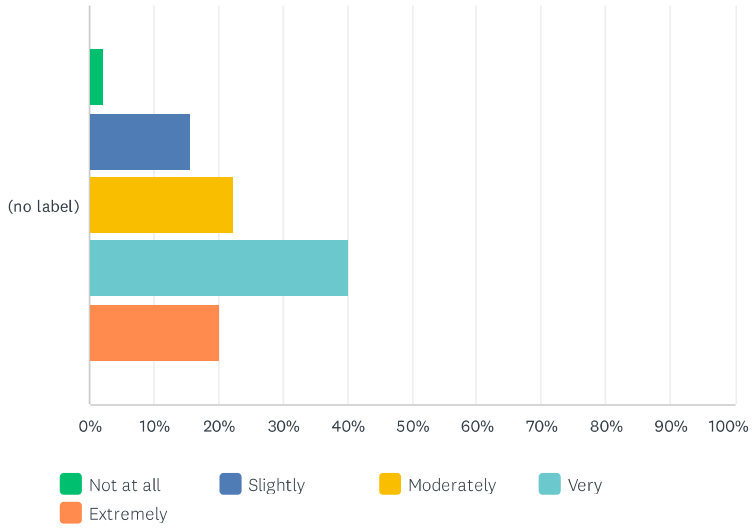


ANSWER CHOICES	RESPONSES	
Anxiety	11.63%	5
Fear	4.65%	2
Anger	6.98%	3
Interest	76.74%	33
Joy	4.65%	2
Exhilaration	4.65%	2
Guilt	2.33%	1
Other (please specify)	32.56%	14
Total Respondents: 43		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q62 How prepared did you feel to explore, without an agenda or goal, a patient's faith and beliefs?

Answered: 45 Skipped: 2

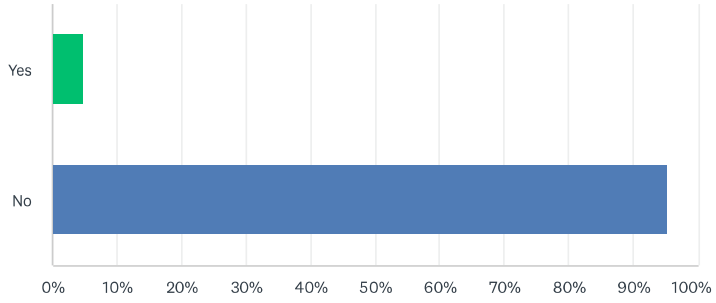


	NOT AT ALL	SLIGHTLY	MODERATELY	VERY	EXTREMELY	TOTAL	WEIGHTED AVERAGE
(no label)	2.22% 1	15.56% 7	22.22% 10	40.00% 18	20.00% 9	45	3.60

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q63 When a patient has talked about God, have you ever made a Freudian interpretation, that their belief in God grows out of a neurotic symptom and/or their relationship with their parents?

Answered: 42 Skipped: 5

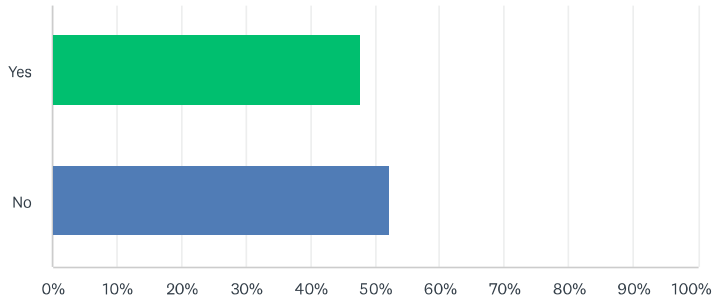


ANSWER CHOICES	RESPONSES	
Yes	4.76%	2
No	95.24%	40
TOTAL		42

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q64 When a patient talks about religion, God, the Bible, do you ever offer something you've gleaned from the Bible or other religious writings?

Answered: 44 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	47.73%	21
No	52.27%	23
TOTAL		44

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

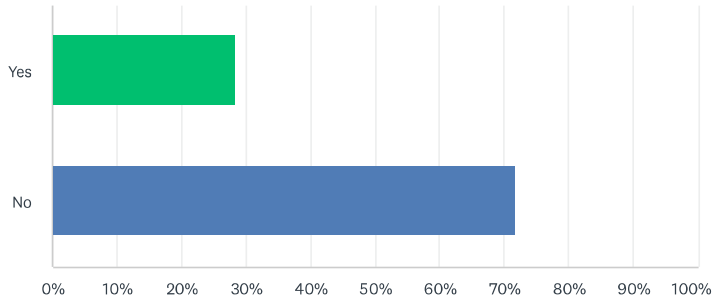
Q65 If you answered yes to Question No. 64, please give an example.

Answered: 20 Skipped: 27

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q66 Have you ever introduced religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them?

Answered: 46 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	28.26%	13
No	71.74%	33
TOTAL		46

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q67 If you answered yes to Question No. 66, please give an example.

Answered: 16 Skipped: 31

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

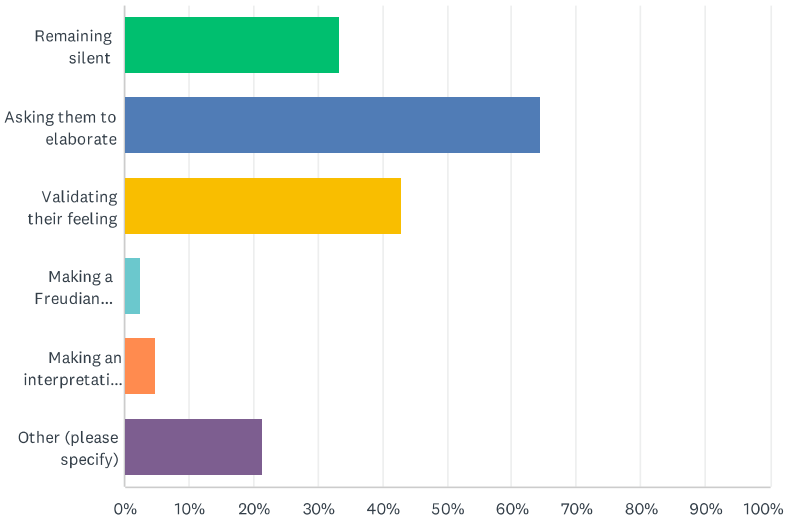
Q68 If you answered no to Question No. 66, what has stopped you?

Answered: 27 Skipped: 20

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q69 If patients have talked about their love of God, how did you respond? (Check all that apply)

Answered: 42 Skipped: 5



ANSWER CHOICES	RESPONSES	
Remaining silent	33.33%	14
Asking them to elaborate	64.29%	27
Validating their feeling	42.86%	18
Making a Freudian interpretation	2.38%	1
Making an interpretation based on another theorist's work.	4.76%	2
Other (please specify)	21.43%	9
Total Respondents: 42		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

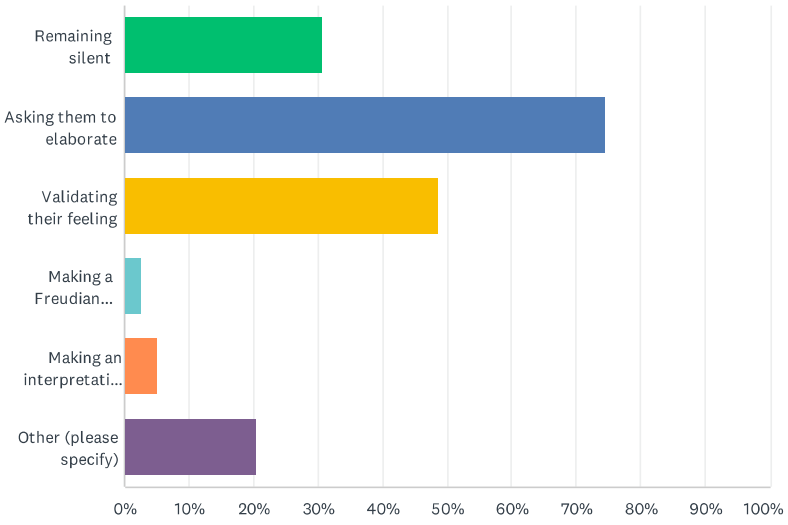
Q70 If you answered "Making an interpretation based on another theorist's work" to Question No. 69, please explain.

Answered: 3 Skipped: 44

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q71 If patients have talked about their anger toward God, how did you respond? (Check all that apply)

Answered: 39 Skipped: 8



ANSWER CHOICES	RESPONSES	
Remaining silent	30.77%	12
Asking them to elaborate	74.36%	29
Validating their feeling	48.72%	19
Making a Freudian interpretation	2.56%	1
Making an interpretation based on another theorist's work.	5.13%	2
Other (please specify)	20.51%	8
Total Respondents: 39		

Survey of psychoanalysts for Doctor of Ministry research by Joyce Rosenberg

Q72 If you answered "Making an interpretation based on another theorist's work" to Question No. 71, please explain.

Answered: 5 Skipped: 42

Appendix D: Responses to questions with open-ended answers

Question 16: If you've had a numinous experience, please give a brief example.

In intentional meditation.

Awareness of the heavens.

When watching a baseball game, many other examples.

In one instance walking from indoors to outdoors and immediately being struck by the brilliance and the warmth of the daylight around me; in another, walking down a mid-town street (NYC) aware of feeling very alive and connected to everything around me.

Seeing a red star in the sky in December in Israel.

I'm sorry, but in this context I cannot.

After my brother's suicide, I was blinded by the sunlight and had a transformative recognition that I was not the center of the universe. At the age of 18.

Probably something in nature

Illness

Meditation

Watching the waves meet the shore at the ocean.

A (mystical) sense that the boundaries between myself and the universe vanished and a consciousness of an oceanic unity that was beyond ego identity.

Being present at my grandson's birth, amazement at the miraculousness of the beginnings of life and the exquisite vulnerability of one so tiny and yet so resilient.

That is not easy in an anonymous survey format ...

Knowing instantly upon meeting that this was the person I was going to marry. A feeling I had never had in my life with anyone but it came to pass and continues to feel destined after nearly 30 years. It was the one experience that made me consider that there might be such a thing as divine intervention.

Sudden death by accident of my brother and niece.

Experiences of oneness in moments of temporal dissolution of the ego.

I saw the soul of my child enter my body when I was pregnant the first time.

A dream where I met Freud.

Of course, this is hard to describe briefly but I have been silenced by the wind at various times in my life.

Feelings of joy and inclusion in the universe.

Transcendent moments -- privileged moments of being -- occur frequently via a gorgeous piece of music, my daughter reaching for my hand, a patient having a sudden deep understanding of something.

Winnicottian analysis after my recovery from Covid 2020 Primal Agonis.

A near death experience a long time ago; also having high fever.

It has happened a couple of times that I forgot about something I did and it came back to me thankfully in a wonderful way that I was incapable of foreseeing, more joyous but there was a particular sorrowful one as well. Two had to do with stories I wrote.

My experience with the numinous includes dreaming in numbers, (I am not a mathematician); best described in the work of Teilhard de Chardin, where I feel connected to all Life, my identify is founded in a sense of being a fractal of a greater whole.

I have had experiences visionary that are Supra normal and other experiences including telepathic and rapturous.

Question 19: If you answered yes to Question no. 18, please briefly describe it. [Question 18: Have you personally had a numinous experience during a session with a patient?]

More than once, when trusting the images, ideas and feelings that seem to be flowing out of the connection with patient; revealing a synchronicity between us.

No

A patient was a survivor of 9/11

Years after working with a very traumatized, suicidal patient, who moved out of state, she passed by me on a New York street. I overheard her saying, I'm fine now. I'm doing really well. She never saw me.

Only a sense of human empathy and compassion.

Feeling the presence of Spirit when a patient touches inner tenderness and awareness (an aha moment). The awe of witnessing another's courage to explore pain and trauma along with finding access to True Self.

Again, this format is not well-suited to the request.

I listened to the patient 'without memory or desire' and experienced the patient in 'suchness' speaking from a point of origin of deeper Intelligence 'located' outside the ego.

A certain joining and bodily sessions that remain for a while. More than once, when trusting the images, ideas and feelings that seem to be flowing out of the connection with patient; revealing a synchronicity between us.

Frequently. Even today

I understand those experiences from a preverbal/premotion stage.

In a white room of the patient's safety space. Trauma

No.

Question 21: If you've had a daimonic experience, please give a brief example.

I would say related experiences where the oneness, the interconnected esa of everything is evident.

No

I think the world is a very dark place and I sometimes get too absorbed in it.

In the desert in Elat, Israel camping on an isolated beach

When I shared psilocybin mushrooms with friends.

Meditation and hypnosis

Again, this format is not well-suited to the subject.

Not possible

On LSD, watching a spider spinning its web.

Certain moments in nature, e.g. Colorado River and Grand Canyon, Macchu Pichu, Mt. Sinai -- a feeling of being in a navel

Feelings when nursing child

Never

I was near death, saw white light light and almost died.

Playing music at a festival in France and I had an experience playing where I forgot who I was and people I love could hear I got somewhere special playing.

Experience can best be described as being an observing participant of a greater whole

X

Question 41: If you answered yes to Question No. 40, what is God's role as the Creator? (Question 40: Do you believe God is the Creator?)

Not sure

Most of the time God "hides" himself

Witness

Creator of all

NA

God is Love and created the world out of the need for an object to love and be loved by

Making all things we know

Started it all.

Don't know

Theoretical/metaphoric postulate

God may be thought of as the Breath of Life Itself/ One Who Has No Name but is accessible to all that lives

X

Question 49: Please describe an occasion when a patient spoke about their faith in God, their love of God or their anger at God.

Patients in 12-step work are the ones most likely to invoke God, or Higher Power. Most patients create God in their fluctuating image.

Cannot recall specific occasion

One patient has a strong faith and believes God is responsible for many good things in her life

Patient found solace in returning to church

Recently, a patient spoke about God in relationship to going to Atlantic City to gamble. Go figure.

Patient struggled with being queer and described their fear of doing wrong in God's eyes.

A patient who was Catholic expressed that God was a presence in her life.

When talking about struggles with their sexuality.

Loss of home due to floods on 9/29/23

One Japanese patient and I talked regularly about her face and scripture as something to turn to when she seeks guidance and support

When an observant Catholic lost her father to alcoholism, she was in a maelstrom of feelings, including confusion about what she referred to as "God's purpose."

NA

Not God but Church or Synagogue as place of comfort

A millennial who went to college, got good grades, became a parent, couldn't find work, was angry at God.

A Rabbi spoke with anger at God in light of the Holocaust

One patient seems to have absorbed her sense of identity via the faith of her boyfriend and started speaking about what God wanted from her or how God would reward her. It had a sense of giving her purpose and comfort, but also providing guilt for the times she gave in to familiar patterns that ran counter to her stated new morality.

Sexual abuse by parent. Anger that no one/God didn't save them

Not being able to quit alcohol or drugs or their gratitude of being able to stay in recovery

None I can think of, except when a Jesuit was debating whether to stay in the order, but he didn't get to anger and I didn't feel right in asking him whether he felt that.

A patient spoke of being angry with God when her mother died.

In the context of hardship: trusting what God has planned for her.

They mentioned Jesus having appeared to them at a particularly troubling point in their adolescence but have since changed their view of God as being a power within themselves to draw on, not something external or religious in a conventional sense.

PT said she felt more at peace with son's death in her belief that he is with God and that when she dies she will join him.

None specific that I can recall

My patient is ex-evangelical Christian. She has broken away from that belief system toward a more Unitarian stance.

One pt. was raised by pastors. Horribly conflicted in his faith.

A young Catholic woman who "lost faith" while doing her senior thesis that tried to argue against the notion that God is dead. She had a crisis of faith, lost faith, grew horribly depressed. She came to me at this point. She also began to re-experience how diabolic her mother was and couldn't understand how a loving God could give her such a mother. We did a lot of talking about the Book of Job, Jesus' quote on cross - from Psalms - "my God, my God, why has thou forsaken me?" Faith as questioning. I'd often feel "in another space" with her during these discussions

Husband committed suicide

Struggle with difficult situations – children -- society functions

No memory of it happening

The patient was talking about her ambivalence to her mother

A patient received very good news that was unexpected

The occasion that occurs has to do with patients' search for meaning; most do not speak dismissively, but sense God as a kind of Presence. Many who would not call themselves spiritual do use modern forms of meditation as offered on internet or at cultural centers. A sense of God pervades as a sense of well-being. I never use the term God though we do dive deeper into the experience; because of the nature of the work, the focus in the rooms is God immanent.

X

Question 53: If you answered yes to Question No. 52, what do patients believe God's role is as the Creator?

Catholic God, Triune God, Alpha and Omega

Not sure

He created the universe

Help through hard times

Unknown

God is Creator of the world and all that goes on

Everything

Catholic script

The supreme authority

Just like the Bible says in Genesis, i.e. by fiat God spake it and it was so!

In charge of everything

That's the role: creator

Divine retribution for any and all sins

Total in every aspect of life

Never came up

X

Question 55: If you answered yes to Question No. 54, please give an example. [Question 54: Has your patients' perception or image of God changed during the course of analytic work?]

God is seen less as conferring judgment about transgressions.

Less belief

Somewhat less punitive/primitive.

To God incarnate as in Jesus Christ

Maybe a sense that although there is a specific teaching, she still needs to find her own path of interpreting and cooperating with those teachings and how to forgive herself when she violates the more demanding rules.

Softening ideas of judgment by God and trusting grace more

Through studying to become a psychoanalyst a patient who works as a pastor no longer believes in his religion's given belief in God and struggles to continue to function in his role.

None of this is a result of any questioning or interpretation in the treatment but something he had arrived at on his own.

Less harsh

G-d becomes kinder

Those who come in angry at God experience a shift in their awareness of God's presence in their lives.

Less doctrinaire

Question 57: If you answered yes to Question No. 56, please give an example. [Question 56: Have your patients described having numinous experiences, a transcendent experience bringing deep joy or sorrow, accompanied by wonder, astonishment and/or horror?]

Through meditation, in nature, using psychedelics

A patient of mine has an LSD experience and talked about seeing everything differently, in a transcendent way, perhaps God.

Attending services

While "learning" in a yeshiva; during a Buddhist ritual

Vision of God or unexplainable circumstance

I've had patients speak of the wonder of being alive but not in religious terms.

God sent deceased to speak to patient

Police officer helped her during blizzard

Patient had many such experiences during Ayahuascan ceremonies

Guided trip on mushrooms

Illness

Feeling at one with the universe, the wonder of the nature

There have been reports of quasi-disassociated states where there was a sense that faith could heal and give purpose to all.

Experiencing nature and writing poetry

Having Jesus appear to him at one point in his life when he needed it most.

PT felt joy when hospitalized (psychiatric) and sang religious songs with another patient.

Can't, too personal and idiosyncratic

In Hasidic chanting

Reaction to husband's suicide

Accompanying a loved one as she was dying

Overwhelmed with joy

Very depressed man who was broke and alone found love and a companion

Usually the experience is one where they are "caught unawares" of some sort of shift not only in mood, but of a sense of things. This experience seems to open greater channels of intuition and can expand sense of caring.

X

Question 65: If you answered yes to Question No. 64, please give an example. [Question 64: When a patient talks about religion, God, the Bible, do you ever offer something you've gleaned from the Bible or other religious writings?]

When a self-identified Christian is tempted to reach back and cherry-pick a harsh or damning commandment, I might reference Jesus' "I give to you a new commandment, that you love one another, as I have loved you." I might make the case for unconditional, unearned love or grace.

The Tables of the Law as a form of universalism

Am I my brother's keeper

This hasn't come up for me.

Creation myth starts with ball of chaos, differentiation occurs and then world is filled with life

It has been a few years so I don't remember exactly but there were many

Rabbi Kushner's book: When bad things happen to good people

Let's say a person says, they don't feel welcomed at home. If they are religious I might quote the verse saying, "A prophet is without honor except in his/her home town." It wouldn't be to enter a religious dialogue but to show an identification with or understanding of their concern.

The Hebrews in the wilderness is a powerful metaphor

In context of their reflecting and wondering

Something the along the lines of, we are all God's children, we are all meant to be here -- in response to severe deficit of self-esteem.

With certain patients, making biblical references to dilemmas they are facing helps to frame their experiences and speak in a shared language.

See above re Book of Job; Psalms. I often use certain phrases from Ethics of the Fathers, e.g. "It is not for you to complete the task, but neither are you free to desist from it." I've even used interpretations of Jewish law, e.g. what it means to honor your father/mother in the face of horrible parents.

Mentioned religious rituals and death of beloved

The story of Jonah -- its meaning. The story of Joseph and its application to them

Different ways of mourning

A quote from St. Francis "What you're looking for is that which is looking"

I usually frame it in something I have read, or a little story that is relevant to the topic at hand.

I do not use the word God. I wait for them to bring up the term. I do see all life as participation in God and the work to expand consciousness according to the patient's framework of understanding.

Impermanence forgiveness

Question 67: If you answered yes to Question No. 66, please give a brief example. [Question 66: Have you ever introduced religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them?]

Often use biblical analogies

General curiosity, when a patient talks about their history.

When a quote from scripture might seem pretty early relevant

A patient struggling with financial insecurity, I offered faith as an alternative to fear.

When a patient is facing illness, loss and death

I don't think I have. It is possible I might have used vaguely religious but popularly understood phrases like, It is better to give than receive or Judge not lest you be judged. But really, I don't actually recall saying either of those things.

Not a believer

Quoting text that is applicable such as Jesus' human emotions that validate our own

When it could give universal context to an experience that are having.

Just today with a patient beginning to exercise her own agency, I quoted the Hillel "If I am not for myself, who will be for me, If I am only for myself, what am I? If not now, when?"

Moses was fed by his mother never knowing she was his mother

If it comes from dream material or feels important

Ideas from Buddhism

Use biblical stories to make a point

Question 68: If you answered no to Question No. 66, what has stopped you? [Question 66: Have you ever introduced religion, God, and/or the Bible into a session even when the patient didn't specifically talk about them?]

I'm not likely to introduce anything of that or a similar magnitude; I will take my lead from the patient.

It never seemed like the appropriate response.

Would complicate transference and countertransference processes.

Seems inappropriate

Professional distance

I have spoken to them about Buddhist practices or constructs without labeling them as such.

My sense that it would be inappropriate to introduce these (or other) topics in a session (which is different from bringing something up in the context of an interpretation).

Following thread of conversation

One's own spiritual experience is private.

Not relevant. I might bring up a Jungian idea, though.

It does not occur to me

Not intruding on patient's belief systems

I think they did not come to a psychoanalyst or therapist for religious instruction, but rather to find someone they can honestly speak to about their deepest and maybe most repressed thoughts and feelings.

Not a believer

It would be out of context and about me not them

I don't stop myself, but I don't go to either of those subjects unless it seems they're holding something back about their religious beliefs, in which case I'll ask if they're religious and want to talk about that.

Never thought of introducing it

It is not something I am experienced discussing in my life.

Psychoanalytic stance

It's my role to do such

Discussion regarding religion, Bible, God (as opposed to spirituality) is not relevant to treatment

Fear of intruding

Patients' religious beliefs are analyzable only when they interfere with growth and development

Not wishing to intrude

Religion emanates from the patient beliefs and conflicts -- question is it related to patient's conflicts?

I think it might interrupt a flow from the patient. Some of my patients knew I had a deeply religious background and will ask me questions. I do offer them distinctions about faith, belief in God, love for self, etc.

X

Question 70: If you answered "Making an interpretation based on another theorist's work" to Question No. 69, please explain. [Question 69: If patients have talked about their love of God, how did you respond? (Check all that apply)]

Nothing comes to mind

Question 72: If you answered "Making an interpretation based on another theorist's work" to Question No. 71, please explain. [Question 71: If patients have talked about their anger toward God, how did you respond? (Check all that apply)]

Religion as a form of containment, a coping mechanism against fears and social isolation

Nothing comes to mind

I think interpretations would tend to either steer the session or cut off further exploration. I tend to show interest and curiosity just like I would on any other communication.

X

Appendix E: Responses to the alternative "Other (Please specify)" in multiple-choice questions.

Question 3: What degrees have you earned? (Check all that apply)

Responses to "Other masters or doctoral degree (please specify):"

Ph.D., post doctoral psychoanalysis

Master of Divinity

Doctor of Psychoanalytic Studies

Master of Divinity

Master of Divinity

Master of Divinity

Psychoanalytic certificate

Master of Public Health

Licensed Psychoanalyst

Doctor of Psychology

Licensed Psychoanalyst

Psychoanalyst at NPAP

Bachelor of Arts, theater

Psychoanalytic certification from NPAP; Master of Arts in Comparative Religion (Columbia University)

Question 4: What was the focus of your educational development? (Check all that apply)

Responses to "Other (please specify):"

Diplomacy and international law

Special education

Education

Education and special education

Theater (acting)

History

Theater

Dance

Cultural Studies

Theater, Far Eastern Studies

Spanish, Portuguese and Latin American studies

Theater

History, education

Question 5: What field is your license in?

Responses to "Other (please specify):"

Education

Social Work

Question 7: Would you describe your theoretical approach to psychoanalytic work as: (Check all that apply)

Responses to "Other (please specify):"

Contemporary Freudian

I have been influenced by Classical, Jungian, and Self

More-than-human

Gestalt

Question 10: Which theorist(s) guided you when a patient has brought up religion? (Check all that apply)

Responses to "Other (please specify):"

None per se

Erich Fromm

Buddhist ideas mostly, Paul Cooper, the writings of Pema Chodron.

Arthur Robbins, psychoanalyst

None

Buddhist

Kohut

I grew up in a family of atheists, and I am an atheist, but I'm able to work comfortably with religious people as long as they're not extreme in their religious zeal.

Buddhism

Personal life experience

Just myself

Kohut

Lifelong readings in various religions and particularly Judaism and psychedelics

Buddhist ideas

Sixty-four years Creative Movement for ages 3-80, private movement therapy, analysis

Carlo Bonomi

Roberto Assagioli

Question 23: Find the choices that apply to your faith/spiritual background, then check all that apply)

Responses to "Other Catholic (please specify):"

None

Responses to "Other Eastern Orthodox (please specify):"

Other Eastern Orthodox

Responses to "Other Protestant (please specify):"

None

Responses to "Other Jewish (please specify):"

Other Jewish

Other Jewish

Other Jewish

Responses to "Other Muslim (please specify):"

None

Responses to "Other (please specify):"

I was raised in a fundamentalist Christian sect that is referred to as the non-instrumental church of Christ. Fundamentalism becomes an unconscious approach to all aspects of life. I mention Hindu only because I was involved with a particular yogic tradition for a couple of years.

Sephardic

I feel an inner spiritual fluidity.

I was raised Roman Catholic

Ethnic/tribal

Born into a very assimilated Jewish family

Yiddish, literature, poetry, culture

Philosophy called Ageless Wisdom

Question 26: Where have you found the greatest expression of faith, religion and/or spirituality? (Check all that apply)

Responses to "Other (please specify):"

Potentially any activity.

Community

With other people, in joy or other truth

Not sure of the "where" so much as it being a momentary state of being

Connecting with dogs

Intimacy

Deep personal reflection and exploration.

Acts of service. Volunteering

In forming deep connections with my spouse, siblings, close friends, and with some patients with whom I've worked for long periods of time.

In relation to others and being in the world.

In silence

Reflection on existence

In art

Teaching, psychoanalytic practice

Playing music, writing

Spiritual conversation; group service

Question 33: If you answered yes to Question No. 32, who was it? (Check all that apply) [Question 32: Did another family member or person teach or speak to you about God?]

Responses to "Other (please specify):"

Friend

Some early religious training to become a member of a Methodist church.

Younger sister

Friends

Friends

A devote musician that I knew through my family growing up.

Friends

Question 38: What does your image of God look like?

Responses to "Other (please specify):"

On days I have an image of God

A force in the universe

Cannot be described, God is ineffable

I don't believe God intervenes in my life

God is a verb

An energetic presence that can be experienced via various practices or can impose itself suddenly or unexpectedly.

An all-embracing and accepting being

God is love

I have no idea other than metaphoric language and images that I consider my human attempt to grasp a God that exists in some way

Related to omnipotent stage of development/Infant

All over the place

Question 39: What is God capable of doing for you? (Check all that apply)

Responses to "Other (please specify):"

Not sure ... maybe creating a sense of presence and purpose.

Grace and forgiveness and compassion for me

Being in relationship to something -- perhaps an experience of I-Thou

Companionship?

Question 47: How has the subject of God, faith or religion come up during sessions? (Check all that apply)

Responses to "Other (please specify):"

Mostly in regard to religious beliefs they were raised with, especially if they felt harmed by those beliefs.

As part of their life stories

None

Talking about childhood

None

During mourning periods; being open to patients' belief in their own religious encounters; being open to understandings beyond psychological ones

It doesn't really

I cannot recall it ever coming up

Question 48: What circumstances in patients' lives have led them to talk about God? (Check all that apply)

Responses to "Other (please specify):"

To illustrate family dynamics. Talking about school. Talking about their sexuality.

None

Their history

A sense of Community

I ask

Childhood trauma. Where was God who didn't protect?

Addiction — which is a cornerstone my of work with patients

I'm somewhat selective with my acceptance of patients, and that has ended up with people who don't often relate God to their personal experiences.

Dreams

No pattern

Turning away from religious upbringing

Sexuality

Question 50: What does your patients' God look like? (Check all that apply)

Responses to "Other (please specify):"

Vague formless Being who drops in and out of their life.

Not sure

Not describable, an ineffable presence

I don't know

Religious faith has not be a significant part of treatments I've provided.

Don't know

I don't know. I've never asked.

Santa Claus who grants wishes

I've never had the reason to ask and they've never volunteered it.

Don’t know.

I don't know

We have not spoken of that

A parental figure, punishing any and all imperfections

I don't know but it always feels ineffable to me

"Superintendent of my building"

Question 51: What do your patients say God is capable of doing for them? (Check all that apply)

Responses to “Other (please specify):”

Religious faith has not been a significant part of treatments I've provided.

I am referencing a particular patient, not my average patient who rarely mentions God in a life-affecting way

All of above

Many find strength in their religious traditions and values and God seems to be implicit in some way

Question 61: What internal reactions (countertransference) have you had when your patients have mentioned God? (Check all that apply)

Responses to "Other (please specify):"

Curiosity

Disgust

Supportive of their faith structure

Curiosity

None

Curiosity

Joy, for them

I try to listen without judgement. I don't want them (on the one hand) trying to hide anything or (on the other hand) trying to impress me. I listen for how their story relates to where we are in the therapy. That is, does this language about God help them face their issues or maybe offer short circuit thinking or feeling. I don't know the answer but my neutrality allows the conversation and exploration to continue.

Compassion when their God is harsh and exacting

That's when I hope I'll be able to work with their feelings and not do anything to negatively affect their religious attitudes.

Impatience

Impatience

Depends on the patient

Sadness

Question 69: If patients have talked about their love of God, how did you respond?

Responses to "Other (please specify):"

An example of projection, or a need for identification

This has not happened.

I've never had a patient talk about their "love of God."

None

Listening and then discussing with them what they are saying

If they seem to strongly need their love of God, I would validate it and comment that this must be helpful and reassuring to them. If they then bring up times when that love has felt different, I ask for more elaboration.

No patients have offered 'love of God' in sessions

He talks of God as a punisher, someone feared, not someone "loved."

Question 71: If patients have talked about their anger toward God, how did you respond?

Responses to "Other (please specify):"

Under the right circumstances, I might crack a joke: Yeah, God can be a real asshole — he doesn't report to anybody.

No one has ever talked about their "anger toward God," but if they did, I'd be inclined to ask them to elaborate.

None

Moses and Jesus and others got angry with God. God can handle it!

I wouldn't necessarily validate the anger, as it might cause worse distress, but I'd explore it with them and see where it takes us with associations.

He doesn't express anger towards his God.

The validation does not come from identification with the feeling, merely acknowledgement of their feeling as experience.