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Coping with Religion: From a psychic representation to a personal attitude towards God.

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“I don't think the key to good coping can be found in any one element.

What is good for one person may not be good for another.

What works in one situation may not work in another...The key to good coping lies in the whole process” (Pargament, K I. (1996). Religious contributions to the process of coping with stress. In H. Grzymala-Moszczyńska & B. Beith-Hallahmi. *Religion, psychopathology and coping* (177-192). Amsterdam-Atlanta, GA: Rodopi.

In this paper, using my clinical experiences as a basis, I wish to highlight the idea that the relationship that exists between religion and a person's mental health is not something that is predetermined, nor can it be predicted either in terms of coping, or in terms of psychopathology itself.

Furthermore, I do not believe it is at all possible to determine whether or not an existing religious representation can be “healthy” or “unhealthy”, nor is it possible to define the characteristics that make a religion beneficial or pathological. I think that from a psychologist's point of view, asking the question *Is religion good for your health?* in such an extreme and abstract manner is pointless and does not make sense.

This is due to the simple fact that, firstly, both religion and mental health do not exist. They are abstract concepts, and are only made tangible through a person's experiences. In other words, health or psychic pathology are things that each individual expresses, and can only be measured within that individual. Man can only experience a specific historical form of religion within a specific culture, where he finds himself interacting in an existential manner and dealing with the symbolic universe with that particular religion offers him. This process does not only occur once, but many times, with continual transformations taking place during the course of the individual's life, and through the dynamic processes and psychic conflicts which may occur at a conscious or unconscious level for the individual himself. A subject's religious experience represents a crossroads, where the pathway that marks out an individual's personal journey meets the cultural evolution of humanity. This perspective closely resembles the cultural psychology of Jerome Bruner and the social constructivism that my friend Jacob Belzen has so competently introduced to the world of the psychology of religion. Although, from my point of view as a psychoanalyst, I'd prefer to say, using Winnicottian terms, that during the course of an individual's personal growth, the religion that he is “given” encounters that which he “creates”. In man's symbolic religious world, the word God does not echo within the silence of other words, nor in that of other people's voices: the reception, construction, and the negotiation of these religious meanings (Bruner) is an essential part of a

religious man's attitude, and so is the relational matrix and the need for the Other, which bases itself on the relationships with an infant's primary object.

Secondly, if we look at religious expressions (such as beliefs, rituals, and organisations) even those pertaining to an individual who is very determined, we find these are not *only* a behavioural manifestation, whose meaning and psychic function are given by the individual's intention (without which it would be impossible to define specific behaviour as being "religious"). Furthermore, conscious intentions may in turn be backed up by unconscious motivations that the subject is not aware of - such things as representations and imagos from the past, that are deeply rooted within our own human experience. Even the most archaic of these, at a proprioceptive and sensorimotor level and beyond, have a function as far as psychism is concerned that is not always what it appears to be. Remember the teachings of Donald Winnicott, and how in 1967, after being asked to hold a conference to discuss evangelisation within the family, he surprised listeners by talking almost exclusively about pre-verbal remedies, and the importance of the way in which a child is held in someone's arms. Only an "holding environment, which can be summarised in the statement "a good enough mother", thus meaning reliable, allows for the processes of maturation and growth based on trust (Winnicott, 1958). These form the foundations from which the possibility of being capable of "believing in" something is born. Furthermore, it is only in the continuing pre-verbal experience of "human trustworthiness", which is nurtured through being hugged, that the child is able to begin to understand the concept of God's "eternal embrace" (Winnicott, 1968).

We cannot assess the coping function of religion without first analysing deeply the dynamics of the personality which it will affect, that is to say, without some type of clinical intervention. By clinical I do not only mean through the practice of psychotherapy, but also by focusing on a hermeneutical and methodological perspective, which aims to observe the dynamics of a person's growth. Here I cannot say that I totally agree with everything said by those authors that study the coping phenomenon. Their ideas tend to revolve more around things that are problem-focused rather than those that are emotion-focused. Even when someone tries to give some kind of meaning to life or death, they do not look at the problem from a philosophical point of view, but rather deal directly with anxiety, whose origins and form are linked back to the individual's life, and not to the theoretical aspect of the problem. Also, I do not think we should forget the unconscious nature (that of which we are not aware) of stressful situations which coping relates to, nor should we forget the positive psychodynamic function and the defensive function that stress may have on a person, from a subjective point of view.

Even from this view point, the answer to the question *Is religion good for your health?* can only come from within the life story of each individual. From this perspective, I also think that those studies that aim to demonstrate whether religion makes you live longer or die sooner, whether it increases or decreases anxiety, whether it raises or lowers the blood pressure of those that suffer from hypertension and so on, are completely off track. There are too many variables that are ignored or that cannot be controlled or tested in these types of research studies. Researchers then demand

that these be classified as scientific research studies simply because of the fact that they measure things that are tangible, when in reality they are actually measuring aspects relating to the psyche and things that represent human values. The manner in which they do this is totally unsatisfactory and the way they define these things is quite inappropriate.

Thus, a third important point arises, which relates to the relationships that link the concept of God, religious beliefs, and religious behaviour. (which are evident essentially at a conscious level) and that which Rizzuto and others describe as an “unconscious representation of God”.

As everybody is well aware, Rizzuto dedicates a large part of her work studying (beginning with *The birth of the living God*) the formation, evolution and transformation, as well as the use of the psychic representation of God during one’s life cycle. Rizzuto believes that the representation of God is an illusory transitional object (in the Winnicottian sense), that originates from the dialectic between Self representations and primary objects representations. I believe that this concept and this theory are worth taking a closer look at, from the point of view of the individual that becomes a believer (or non believer). In other words, we should look at the type of relationship that is created (be it one of acceptance or refusal) between the individual and the religion of his cultural ambience, in order to examine the defence mechanisms or the pathologic functions. This concept is also interesting because Rizzuto herself recently demonstrated how distorted representations of God may carry out a defensive role and a coping role for the individual and his personality, while at the same time giving rise to a neurosis. (I refer to the two clinical history cases mentioned during the 7th Conference of the Italian Society of the Psychology of Religion, held in Verona in the year 2000, which have now been published in a volume edited by myself and Rossi, Cf. Rizzuto, 2001).

From both a logical and a methodological point of view, Rizzuto’s work is a re-elaboration of the concept of representation in psychoanalytic theory. She places great emphasis on the fact that the objects representation and Self representation are compounded memory processes. These processes are mainly unconscious and preconscious in nature, interact with each other. Their origins lie in the way the individual adjusts at a biological and psychological level to the environment in which he finds himself at every phase of his development. Rizzuto underlines the fact that this process of representation is dependent on memories arising from every level of the psycho-physical make-up of the individual, leaving the Ego with the task of re-organising them. This process thus includes visceral memory, sensorimotor memory, proprioceptive memory, eidetic memory, iconic memory, and, later, conceptual memory.

I believe that a rather interesting methodological question is posed here. It relates to the way in which the individual’s representation of God influences the formation of the individual’s concept of God at a conscious level and conscious attitudes of belief or non-belief during his life cycle. Rizzuto, above all, sees this representation as being a product of primarily unconscious and preconscious processes. Faith, as well as atheism, is based on a conscious process, even if its origins are rooted

in the Self representation and objects representation that are of a preconscious or unconscious nature.

I do not think it is possible to talk about an “*unconscious* representation” of God, as if it were some type of spontaneous germination of one’s primary relationships. I also see this concept as coming dangerously close to the ideas represented by **platonian innatism**, by Jungian archetypes, and by a certain type of confused psycho-theology. God, being the god of a religion that has been given and revealed, as in the Christian religion, exists in terms of language, in terms of interlocution and of symbolism. Otherwise, one is perhaps only left with an “oceanic feeling”, a vague, sublime experience, that same sacred auto-reference that Lou Andreas Salomé referred to as being similar to an aesthetic or an erotic experience, an archaic experience of primary narcissism that is self-sufficient and self-satisfying. While I believe that an individual’s religious experience is always a result of both his personal and social relationships, or a “psychological substratum” as suggested by Vergote, (2001). These include such things as the capacity to have object relations that are quite well structured, the capacity to symbolise and to give meaning to certain events, to distinguish between an object and the use of the object. Even so, what religious experience requires more than anything else is the ability to give experience itself a name. For those of the Christian religion, religious experience means words of revelation, the capacity to answer when talking to God. Of course, from a religious point of view, even though the basic conditions are still not very specific, they are still a determining factor. “If the psychological humus that faith is founded in is pathologically unstable, this will cause some form of pathological religious instability” (Vergote, 2001).

[Before I go on, I would like to do Rizzuto justice by highlighting the fact that recently she made it clear just how complex both the personal and social matrices of the representation of God are (during the conference held in Verona 2000). Having studied the many aspects of the representations of Self, of objects, and of God, Rizzuto also highlighted how the representation of God can prove useful for both mental health and problems of a pathological nature].

An example based on my own clinical experience

In reality, religion and the symptoms associated with any type of problem are rather similar, in that at times they play the same role – that of helping one adjust to a certain situation.

Through the study of psychoanalysis, we know that every type of pathological symptom also has the role of helping each individual to adapt. In a certain sense, this is rather therapeutic because it helps us to contain our anxiety: this process is the same for all types of symptoms, but it can be clearly observed when looking at obsessive rituals, even for those that are not specialised in this area.

Quite frequently, the symptom is the best possible way to adjust to an emotionally disturbing situation. For this reason, psychoanalysts do not worry about, and do not rush, a patient’s recovery by trying to make symptoms quickly disappear. Instead, they are more interested in trying to understand the meaning of these symptoms and how they affect the subject’s psyche. A careful psychoanalytical interpretation suggests that the behaviour and the process of coping may be the

manifestation of an unconscious defence mechanism that helps to form or strengthen neurotic behaviour.

I would like to give an example based on my own experience as a practitioner psychoanalyst.

I should add that I am not really one that believes a great deal in using clinical cases as typical examples to demonstrate specific things. This is because everything that happens in each analysis is something idiosyncratic and unique, which cannot be repeated. Nevertheless, giving such examples may perhaps lead us to reflect, and thus, we can then apply what each of us has learnt to the individual cases or situations that we know of or deal with.

I am also a little hesitant to provide examples, because of the respect I have for my patients - even if I have their permission to divulge their personal information. However, the case that I am about to present to you refers to a situation that took place a very long time ago, thus allowing for the total respect of this individual's privacy.

A catholic nun that had taken a vow of seclusion came to seek my help because she was suffering from chronic forms of claustrophobia and from panic attacks. When she found herself alone in her cell, she would be forced to stand on the table, on the tips of her toes, to reach the tall, little round window and place her head near it, in order to be able to breathe and to try to catch her breath. During her novitiate, when the teacher found out about her problem, instead of easing her discomfort, she gave her permission to walk along the monastery roofs whenever she was experiencing the attacks. (Moving away from the story just briefly, I would like to highlight that, etymologically speaking, the term enclosed (used to talk about certain monastic orders that cut themselves off from the world) and claustrophobia are derived from the same Latin word *claustrum*, from *claudere*, meaning close). The symptoms seemed to indicate that the nun could not live a life in seclusion, as her problem contradicted everything that was typical of life in the monastery.

At my first meeting with the nun, she told me immediately that she had not wanted to come to see me. In the end, she had given in and come simply because she did not want to disobey the Abbess, who had accompanied her that day, and had imposed it upon her "per oboedientiam". She only asked me to prescribe her something "that would make her feel a little better". She quickly informed me that she did not want to talk about her vocation, because that was her private and intimate relationship with God, her Spouse, and I, being a layman, could not possibly understand her.

Now for a brief bit of background information regarding the case. My patient was the daughter of a prostitute. When she was still only very small, her mother had placed her in the care of nuns that belonged to a very rich college. Her mother never lost contact with her and never broke the emotional ties that existed between them. She would only visit her on rare occasions, but her visits were always very emotional events. Her father was a complete stranger to her and she did not know who he was at all. Her mother had only been with him once, with the clear purpose of wanting to become pregnant and have a child, after which she had shut him out of her life completely. When

the child was 6 years old, her mother clearly explained to her the reason why she had been conceived, using the expression: "You are the daughter of a vow that I made". Some time before, her mother had risked going to prison for many years because of a crime she had committed. She had vowed to the Virgin Mother that if she protected her, she would give up her profession for a year and, despite the fact that she had never wanted to have children, she would give birth to a son (she had wished for a boy) and give him everything he needed. "You are the daughter of a vow that I made!" she would repeat to her daughter, whom she would dress as a little enclosed nun, in observance of a southern Italian tradition that, up until a few years ago, people followed when they made vows. (The children paid for their parents' mistakes!!!)

For a number of years, this daughter grew up not knowing her mother's true profession nor the situation involving her father. When people spoke about him, they would say that he was away because of work commitments, that perhaps he would come back one day, and that he was very proud of her achievements at school. Her mother would say: he loves us very much, but he has to remain overseas; perhaps one day he will come back.

My patient would often describe herself with mixed sentiments, which reflected irony and gratitude, "I am the daughter of nuns," she would say. In reality, she grew up in the college, under the love, care and guidance of the sisters there, and they regarded her as "the most beautiful flower of the cloister". She was very beautiful, very vivacious, spoiled, very intelligent and diligent at school. She was also very good at playing the piano and the organ during the religious ceremonies that were held at the college. Later on, she became the leader of an important catholic movement in her diocese, all the while keeping up her ties with the convent, and carrying out duties in an office in the diocese. Her new commitments made her well-known, and she gained the respect and confidence of many priests and Bishops. At 21 years of age she decided she would join an enclosed order, and when remembering the extravagant ceremony, she only told me two things. The first thing she said is: "My mother wrote me a very beautiful letter, but fortunately she didn't come," and the second thing she told me was "You know, there were three bishops and 28 priests at the ceremony when I took the veil". Even after the first year of novitiate, many priests would visit her at the monastery to ask her for spiritual advice.

She eventually agreed to undergo psychoanalytical therapy. She attended three sessions per week (and God bless the Abbess and the Bishop that allowed her to defer her enclosure so that she could attend the sessions!). For about two years, she did not say a word about her vocation, refusing to talk about it, and telling me always: I don't want to talk about my vocation. You are a layman, and you couldn't understand.

During the sessions we had, she would often talk about her dreams, aspirations and things that she still wanted to do. Quite often these dreams would be realised and she would be successful, although more often than not, they would be interrupted by panic attacks. Consequently, she would then try to punish herself for these thoughts and for her grand aspirations. She would carry out the most humble duties, try to pray even for the nastiest of her fellow sisters, and would mortify herself by trying to be what she thought others expected her to be.

When the symptoms of claustrophobia became more apparent and, later, unbearable, she would refuse to accept these symptoms as a sign that her defences and her rationalisations were no longer sufficient. Nevertheless, she was to some extent conscious of this fact, if for such a long period of time she has chosen not to speak a word to anyone of her problem, for fear that “otherwise they would send me away from the monastery”. Instead, she now saw her symptoms as further justification for her initial rationalisations: it was true that her problem made her life at the monastery difficult, but from now on, this would be her vocation: It was Christ’s will that his love be manifested through suffering: and since she saw herself as being an exhibitionist and quite proud, this vocation of suffering would be her way of making amends and showing her love for her spouse. As a consequence, she renounced all the practical activities which she carried out, that could in some way or another provide her with even the most remote sense of gratification. She became sick and remained in her cell, where she did nothing.

Even so, her predicament at times became unbearable. Despite the fact that she claimed she wanted to carry out God’s will, she would often pray for “the cup to be brought to me”. She had reached the point of praying for her death and trying to bring it on prematurely.

My dear colleagues, the small amount of material that I have just provided, may be interpreted in many different ways, based on the theories that each one of us chooses to use as our frame of reference. I do not wish to highlight the things that I made reference to in order to be able to read and explore this person during her therapy. Each of us may interpret this case according to their own ideas, models, and theories, and this, of course, is not at all surprising. It simply serves to let us know not so much that psychology isn’t an exact science, but that the psyche is so multi-faceted that one can draw from it many different conclusions, based on the perspective that one looks at it from.

We can certainly agree on one thing though, and that is that the coping function that religion, and that one’s choice to take up monastery life, carries out, in terms of benefiting my patient’s personality. Using my own reference points as a basis, when I first assessed her, she appeared narcissistic and unemotional, as a sort of defence against the anxiety of being abandoned. She was quite ostentatious as well, which in my opinion, was due to the constant torment of her performance complex. We can also note a sort of psycho-physical intolerance towards the hiding that seclusion demands.

Overall, religion offered the pathways to be able to channel this person’s pathologies. It facilitated her defence methods and rationalisations, and thus helped conceal her ailment and her personality’s true motivations.

People with this type of personality tend to manifest defensive behaviour, and it is not unusual that they come across as being unshakeable and strict in terms of their faith, and cold and unemotional in terms of their interpersonal relationships. They can also be seen by others as being pious and devout when instead they are in actual fact hiding an obsessive rituality. They often tend to be

associated with professions that relate to the service industry, where they are inevitably ranked as standing “below other people”, meanwhile away from their profession, they are unable to be “like others”, even if they are of equal standing.

Conclusions and perspectives.

One of the conclusions I have reached is that in the development of an ego-syntonic religious attitude, illusion, disillusion, disappointment and delusion - invariably mingled and revolving around the pleasure principle-reality principle axis - are always to be found.

Religion is neither healthy nor unhealthy, but it can be used by an individual as an aid for health or a specific illness (remember the distinction made by Winnicott regarding an object and the use of the object). I believe we should focus our attention on the individual, idiosyncratic experiences that relate to coping. What matters most is not religion itself, but how one uses it. Referring once again to Winnicott, a religion that focuses on transitional objects, which are typical of the child-like stages of development (or primary stages as well, irrespective of one’s age), may become fixed on fetishistic objects or autistic objects.

For psychologists, the expression “God help me” is not to be interpreted as a religious affirmation regarding God, but as an individual’s subjective conviction. This conviction must be understood, and interpreted, in terms of the religious culture of the individual’s environment, and the experiences of the actual individual. It must be based on that precise moment of individual evolution, and only in this context can we properly evaluate its role in terms of coping or not coping.

A psychologist can to some extent talk about the subjective invocation “God help me”, and he can also measure its effectiveness, but he cannot talk about God, as this goes beyond his area of study. So we are not talking about God, but about representation of God, and the search for God, and faith/trust in the image that one has of God. Any one of these things could be an element that may serve to transform the personality of the subject that we are studying. The expression *God help me* expresses how convinced the subject is; this subjective conviction may in actual fact have a positive result on the individual’s personality. Even so, a psychologist can never actually demonstrate the effectiveness of this prayer in a tangible way. In this case, the prayer is seen as the divine fulfilment of the individual’s specific request, or as God’s presence guiding that person. Nonetheless, even if the prayer is not effective, the act of praying itself, or the conviction that one prays with, may have some impact on the individual’s psychic world, and it is this that is the object of the psychologist’s study.

Clearly, religion or some other inadequate representation of religion was used for coping, in order for the individual to reach some sort of partial ego-syntonic level of adaptation. Something else was used in place of identification, self-esteem, acceptance, and social adaptability, after the individual was abandoned by her mother, and lacked the presence of a father-figure which she had wanted. Her notion of a father-figure was only a culturally symbolic image, and thus she was overcome by projections and delusions.

This “daughter of a vow”, (who in reality was no one’s daughter), that nobody longed for and wanted, had created defences that stemmed from the childish omnipotence of her hopes and dreams. She became her own daughter and mother, and alone was almost everything she needed. The seclusion she had lived, which apparently seemed to exclude things such as necessity, the need for interpersonal relationships, and the presence of someone else that actually exists, had offered her solutions (which were in fact pathological collusions). She used these to help her face her difficulties, and to tackle the pathologies that emerged during a specific time of her growth. Her solution was to become a nun.

Coping, as Kenneth Pargament teaches us, especially in the second part of his largest work, is not a definite state of adjustment and equilibrium. Instead, it is a process or a flow of selection, of choosing the appropriate solutions, which may vary in time and in individual and cultural situations. When my patient’s defences crumbled and her coping strategies no longer worked, her pain and the narcissism she carried inside her exploded, releasing a series of symptoms, claustrophobia being one of them, that signified her need for some kind of relationship.

It took a very long time to analyse this patient. Even so, a kind of transference was established with the analyst. It was signalled by forms of very childish regression, aggression that was destructive and intended as a form of self-punishment, and concluded with the patient realising that her identity had been altered, and that she now had developed a mature adult relationship. This relationship with the analyst consequently led to other new possibilities of forming relationships, even with God, by destroying her father in the shape of the analyst/castrating God, even though he was far away and absent – indeed, a figure that castrates because he is far away and absent (because there is nothing worse than someone not looking at you, to make you feel that you do not exist).

I think it is worth highlighting that only an experience lived out in terms of the transference relationship which constructs both the self and the other could alter that which Rizzuto calls “the object representation of God”. On the contrary, the conscious strategy to make use of religion served to maintain a very high standard of the individual’s ego ideal, which was impossible to achieve and thus always the source of a sense of guilt. In many cases, this type of conscious strategy thrives on, and can be reinforced by, religious information, by examples provided by the religious organisation, and through the actual use of religious representations that are accepted by the religious group itself. The nun would often speak about her reading of the great mystics and images that depicted her marriage to God who was her spouse, or she would identify herself with the image of the Blessed Virgin Mary, whose heart was pierced by seven swords (according to an ancient catholic icon).

One final note before concluding. It is often said that those institutions that are seen as being extreme (such as monasteries) including the army, prison and so on, could be ideal therapy for those individuals who show signs of instability with regards to their personality - places where pathological tendencies could be sublimated, that perhaps also represent and offer realistic coping strategies. I

do not believe that a religious form of life that colludes with a patient's pathology (which in this case is narcissistic) encourages good coping. Taking one's problems and moulding them into socially acceptable forms does nothing more than conceal them, instead of resolving them once and for all. Just like the bad housewife that hides the dirt under the mat; in actual fact she isn't cleaning, but only increasing the amount of dirt that already exists. By looking under the mat, we are not belittling the values that a religious life represents, but rather trying to understand better the conscious and unconscious motivations that brought on that choice (or made it difficult to make). From the psychodynamic point of view of the religious person that is troubled, this individual may even come to discover that a choice that was made in the past was wisely made, in terms of his/her psyche (it could have been none other than the individual focussing on a certain symptom in order to reduce anxiety and thus the choice was a functional one).

However, this does not let the psychoanalyst off the hook as it were. He must still carry on his role of witnessing and interpreting the true nature of his patient, as it emerges, for the patient's benefit.

In reference to another question that my fellow colleagues quite often ask me, regarding the specific pathogenetic potential of the current normative-institutional structure of the catholic religion. I can only answer by saying that it is the same as that of any other cultural and institutional structure, whose ideological and normative structure has a "strong" impact, when it encounters individuals with personalities that are fragile or that are already unstable in one way or another.

Let me explain myself further. In my clinical practice, I quite often meet people whose religious experiences and experiences in relation to the Church reflect psychopathological behaviour. These people also include members of the church themselves. However, this behaviour does not exceed the limits of the pathological behaviour that these same subjects demonstrate when dealing with intra-psychic and interpersonal experiences and relationships.

I must emphasise that it is not religion itself that is pathogenetic. It is also true that pathological individuals can find methods and channels to express their pathology in all the things that make up their daily lives. In other words, the channelling of religious experience through pathological behaviour relates more to the personality structure of the individual, than it does to the area represented by the actual manifestation itself.

With regard to this point, the most important question that all members of the church should be asking themselves is not whether religion causes or encourages psychopathological behaviour, but rather whether the Church, and more particularly its clergymen and spiritual directors, are capable of understanding and recognising the pathologies that certain individuals may be affected by and may manifest through seemingly devout actions. Of course, it is obvious that a priest's role does not entail the work of a psychotherapist, although a little more awareness of the "psychology of religion" could help priests understand when one of their followers is in need of specialised help.