AN EXPLORATORY STUDY OF COUNTERTRANSFERENCE RELATED TO PSYCHOTHERAPISTS' RELIGIOUS BACKGROUNDS

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THE SANVILLE INSTITUTE

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By

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Abstract

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A therapist's faith can be a resource for providing potential space in psychotherapy. This qualitative study was conducted using a grounded theory approach and interviews with eight licensed psychotherapists in California's San Joaquin Valley. Findings affirmed that these therapists who had a strong Jewish or Christian upbringing carry an integrated faith and a sense of a relationship with God or the transpersonal into their adult lives and professional practices. This faith is rich and deep having evolved from a religious foundation. This faith affects countertransference attitudes and reactions that include empathic and visceral responses as well as use of religious language, judicious self-disclosure, values conflicts, and spiritual struggles. The findings suggest that a consciously sustained faith strengthens the therapeutic container to gently and firmly hold all that enters the therapeutic process and relationship by giving the therapist the capacity for a gracious attitude conceptualized as "generous spaciousness."

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CHAPTER 1: INTRODUCTION

> For better or worse, formational narratives cradle the polished floorboards of our meticulously crafted adult edifices. They peek through from their substratum of historic richness and press to be acknowledged if we will look. And religious narratives, whether we affirm them or not, are no exception. (Hoffman, 2004, p. 801)

Religion and spirituality as topics related to psychotherapy have entered the professional literature significantly since the end of the 20th century. The preponderance of this literature has been about doing psychotherapy with religious clients. The psychotherapist's religious experience, however, has been neglected. This qualitative study explores the countertransference experiences of psychotherapists who come from a strong Jewish or Christian background.

Statement of the Problem

This research is set within a professional context of antagonism between the fields of religion and psychotherapy. The field of psychoanalysis has traditionally been atheistic and anti-religious (Meissner, 2000; Wallace, 1990). Many practitioners were trained in the shadow of this tradition and learned to compartmentalize any religious leanings they had (Cohen, 1994; Sorenson, 1994), or they felt apologetic about having religious leanings and worked to keep them separate from their professional practice.

The broader social context of this study is the religiosity of Americans. Ninety-

five percent of Americans report that they believe "in a single God" (Rizzuto, 2005, p. 39). Mainstream Americans are generally monotheistic and religiously affiliated. The percentage has stayed relatively constant since 1944: "Judaism and Christianity make up about 97.5% of Americans' religious affiliation" (Sorenson, 2004, p. 16). Religion is important in many lives. In spite of the emphasis on the secular in psychology, it can be assumed that religion is important to many psychotherapists as well.

Research has shown that psychologists and social workers generally come from mainstream religious families, and they generally regard some form of religion or spirituality as valuable in their own lives as well as their clients' (Hodge, 2002b; Shafranske, 1996b). Many psychotherapists have reportedly moved away from the religions of their background, allegedly due to negative experiences (Shafranske, 1996b; Shafranske & Malony, 1990b).

Societal assumptions reflect the split between psychotherapy and religion. It is sometimes assumed that secular therapists are not religious and that they will try to persuade religious clients to abandon their religion (Hodge, 2002a; Worthington, 1993). Likewise, it is assumed by some that religious therapists will proselytize and try to persuade clients to adopt a religion, preferably the one for which the therapist has an affinity (American Psychiatric Association Committee on Religion and Psychiatry, 1990). There is a sense that religious clients are leery of secular therapists and that non-religious clients are leery of religious therapists.

Religious therapists have only begun to risk coming out of the "spiritual closet" (Schultz-Ross, 2001). It is understandable that religious therapists, desiring credibility in

a mainstream psychotherapy practice, would be reluctant to reveal religiosity that might identify them with a religious system that would distance them from potential clients and colleagues, unless they wanted to be known as religious counselors. It is also understandable that therapists who have had experiences that have biased them against religion would feel no need to voice their experiences or attitudes in an areligious or anti-religious professional environment, and that they might hesitate to do so in an increasingly fundamentalistic society.

Religious experiences in therapists' lives have not been well documented even though it has been suggested that these experiences affect countertransference (Joseph, 1988; Shafranske & Malony, 1990b) and clinical judgment (J. Gartner, Harmatz, Hohmann, Larson, & A. F. Gartner, 1990). Therapists cannot be aware of the potential effects of their religious attitudes on clients unless they are aware that they have these beliefs about religion in the first place. Attitudes and beliefs are based, at least in part, on past experience; therapists are advised to adopt an ethically responsible attitude toward consciously understanding how their past experiences affect their clients (Feiner, 1983), including their religious experiences (Shafranske, 1996a; Zeiger & Lewis, 1998). This study was designed to explore therapists' religious backgrounds as they are subjectively experienced and understood by therapists in the course of interacting with their clients.

Background

Historically, the field of psychology has been at odds with religion. Freud considered religion an illusion (Freud, 1927/1961) and symptomatic of neurosis (Freud,

1907/1959). Although an apparent need for religion has been considered a universal human tendency (Kernberg, 2000; Kung, 1979), Freud assumed religion would be replaced by reason, rationality, and science in the future, and that this replacement of religion with science would be assisted by psychoanalysis. Though Freud acknowledged the possibility of an innate spiritual need (Bettelheim, 1983), he did not recognize a spiritual need or religious experience in himself (Freud, 1961). It has been suggested that he made this admission with "a touch of longing" (Nelson, 2005) and that his background influenced him in such a way that he had to reject God (Rizzuto, 1998). In his development of psychoanalysis, he emphasized the personal and individual aspects of the psyche and rejected the sacred.

Countertransference is a basic tenet of psychoanalysis. Freud (1912/1958) considered countertransference to be negative, disruptive, and harmful to the analytic process. As he saw it, countertransference stemmed from the analyst's neurosis in relation to drives, defenses, and unresolved unconscious conflicts. This is known as the "classical" view of countertransference (Kernberg, 1965). The analyst was to assume a stance of neutrality and anonymity in order to avoid influencing the analysand or hindering the analytic process. Anything that threatened this neutrality was to be eliminated by further analysis. Though Freud (1912/1958) came to believe that countertransference was a "receptive organ" of unconscious communications from the patient, his position on neutrality did not vary. There are still those, such as Feiner (1983) in the classical psychoanalytic tradition and Langs (2004) in the depth psychology field, who adhere to strict standards of neutrality and abstinence in their attempts to minimize

undue influence upon the client or the process. In this tradition there is no reference to religion in terms of countertransference; the analyst's religion would be considered irrelevant to the analysis, unless it interfered with the analyst's neutrality.

Around 1950 attention was drawn to the concept of countertransference as a receptive instrument and its affective component was emphasized (Epstein & Feiner, 1983; Heimann, 1950; Little, 1951; Winnicott, 1947/1958). A concept of "normal countertransference" (Money-Kyrle, 1988) was introduced. Countertransference began to be seen as all of the therapist's responses in face-to-face interaction with a client; these responses could range from an empathic attitude to a disruptive event. This concept contributed to the current conceptualization of countertransference as useful, helpful, continuous responsiveness. This is known as the "totalistic" view of countertransference (Kernberg, 1965).

In recent years with the evolution of the relational, intersubjective approaches, therapists are beginning to look at all the ways their subjectivity, including their religious views, play out in the treatment. Both contemporary psychoanalysts and Jungian analytical psychologists espouse a concept of a mutually influencing transference-countertransference dynamic between therapist and client.

Of particular note is Lewis Aron (2004) who points out that "contemporary psychoanalysis has come to view all aspects of the analyst's subjectivity as potentially exerting an influence on the analysis" (p. 442). This influence includes religion as an aspect of the analyst's subjectivity. In a boldly self-revealing article Aron explains that his conceptualization of mutuality is derived from his theistic Jewish background. Both the

relationship of the therapist with the patient and a relationship with God are mutual and reciprocal. Though it is not Aron's intention to describe how his religious background enters into his experience in interaction with clients, he considers his religion as an aspect of his subjectivity that enters into his work. Now that religion as an aspect of the analyst's subjectivity has entered the psychoanalytic literature, this development suggests an invitation to researchers to explore the religious aspects of psychotherapy and psychotherapists.

Among those contemporary psychoanalysts who look at countertransference in the context of an intersubjective mutuality between therapist and client, there are a few who have an identifiable religious background or affiliation. Relevant to this study are those who make clear that their religious views are subordinate to their professional role. For instance, psychoanalyst Randall Sorenson has an identifiable affiliation to Christianity. Following Ferenzci, Sorenson sees transference and countertransference as "the means by which we know anything at all" (Sorenson, 1997, p. 174; 2004, pp. 85, 133). Following Stolorow and Atwood (1992), he sees a normal countertransferential attitude as one of "respectfully curious, sustained empathic inquiry" (Sorenson, 1994, p. 341) and "authentic participation" (Sorenson, 2004, p. 85). Religion and spirituality are explicitly included in both transference and countertransference in this intersubjective view.

Analytical psychologist Ann Belford Ulanov also has an identifiable Christian affiliation. Following Jung and Winnicott, she views countertransference as the therapist's experience in the potential space of mutually influencing transference-countertransference dynamics. In her view, religion is explicitly connected to

countertransference (Ulanov, 1982, 1999, 2001).

Religion in relationship to psychotherapy practice has only entered the literature significantly since the 1980s. It is now generally recognized that significant countertransference can come into play in therapy when religion is an aspect of the patient's life or is the focus of the work (Benningfield, 1998; Goldberg, 1996; Kochems, 1983; Smith & Handelman, 1990) and when the client and the therapist know of each other's religion (Halperin & Scharff, 1985; Kahn, 1985; Kehoe & Gutheil, 1993; Peteet, 1981, 1985; Spero, 1985b; Zeiger & Lewis, 1998). Complications inherent in the work of religious therapists with religious clients include dealing with strong transference expectations and projections and therapists wrestling with their own religious convictions, attitudes, and blind spots.

The most often cited works on religious countertransference in any context are by Spero (1981, 1985a), though his discussions of countertransference are set exclusively in the context of religious therapists working with religious clients. Spero does not see countertransference as the therapist's continuous response. He takes a more classical view: Countertransference is the therapist's specific, unconscious responses to clients. It is detected in its extraordinariness. Spero's idea is that the therapist can consult the countertransference, when it arises, to help him discern more about the client's process, structure, and struggles than he can learn in his normal attentive capacity. The latter, attentive attitude he considers a non-countertransferential balance of "professional enthusiasm and detachment" (Spero, 1981, p. 565). Countertransference occurs when the client's unconscious material comes into the therapist's mental space filtered through the

therapist's life experiences (Spero, 1995, 2004). Following this thinking, religion can be seen as one of the filters through which therapists perceive and come to understand clients.

In recent years a great deal has been written about admitting religion into the conversation in psychotherapy in terms of the religious needs of clients. In the 1990s in an early attempt to address psychotherapists' attitudes toward religion, both the American Psychiatric Association (1990) and the American Psychological Association (1992) issued statements regarding the inclusion of religion and spirituality in practice. These statements present ethical guidelines that recommend that practitioners develop "an informed view of religion as a dimension of human difference and diversity" and that they address individuals' religiosity in clinical practice (Shafranske, 1996a, p. 3). The Psychiatric Association's guidelines also caution practitioners against imposing "religious or antireligious systems of belief on patients" (Giglio, 1993, p. 768-769) as also noted by Kochems (1993). This development reflects a concern in the field not only about the treatment needs of religious clients but also about how therapists' religious views affect their work.

In response to the issuance of these guidelines, Giglio (1993) conducted a review of the literature. In the review it is noted that religious attitudes and views can be a source of negative countertransference, bias, and blind spots. Manifestations of negative countertransference toward religious patients include avoiding religious issues that patients bring up, making interpretations regarding a patient's religion as healthy or pathological without adequate exploration, and otherwise failing to explore the patient's

religious orientation and experiences, all of which "may sabotage the development of a therapeutic alliance and a positive treatment outcome" (Giglio, 1993, p. 769). Giglio attributes the therapist's resistance to exploring religious concerns to negative attitudes, lack of knowledge, fear, and a lack of training. On the other hand, progress in therapy can be associated with the therapist's sensitivity to religious issues. Giglio concludes that therapists should be aware of their own ideological stance and how it affects their work positively or negatively, and she recommends expanding current training of therapists with attention to countertransference concerns.

Contemporary secular[1] psychoanalysts who advocate for consideration of religion in psychotherapy and who address countertransference include Boehnlein (2000), Kochems (1993), Smith and Handelman (1990), and Spezzano (1997). Among other secular psychotherapists who have written about religion in psychotherapy and countertransference are Benningfield (1998), Genia (2000), and Sahlein (2002). In this literature, it is generally suggested that therapists may have countertransferential biases, discomfort, and strong negative feelings in relation to clients because the therapists themselves have unfinished business with their religious beliefs. Other explanations for therapists' difficulty with religion include reported findings that therapists tend to be less religiously involved than clients, that some therapists have rejected their own religious backgrounds due to negative experiences, and that they lack training regarding religious issues in psychotherapy (Genia, 2000). While it is suggested that negative religious

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[1]The term "secular" will be used to indicate authors and therapists whose personal stance toward religion is either non-existent or unidentified.

experiences contribute to negative countertransference, particularities about those background experiences have not been adequately explored.

Clinical social worker Constance Goldberg (1996) is one of a few who have reflected on their own religious background and struggles with countertransference. She states that "there are often significant countertransferences at work in therapy" when the religious dimension is a focus of the work (p. 130). She situates religion as a "dimension of the patient's life experience" (p. 130) and notes that therapists' uneasiness with the clients' religious experience may stem from the therapist's experience: "either because the idea of God has special meaning to us in our own belief system as fellow believers – or because it has no such personal meaning but is imbued by the culture with special untouchability" (p. 132). She offers information about her own religious background, "based as it was on somewhat ambiguous notions about the reality of God" (p. 132), which contributes to her reticence when working with religious clients.

A few Jewish psychoanalysts have written about their beliefs and religious backgrounds related to their work as therapists, for example, Lewis Aron (2004), David Greenberg (2001), and Stephen Friedlander (1997). Strenger (2002), describes the effects of his religious background on his career choice and his development as a psychoanalyst. While these authors address the religious experience of the therapist, they do not discuss specific experiences in relation to countertransference.

Others have written brief accounts of their current religious beliefs and practices as they affect their psychological theories and practices (Sperry, 2001c), without reference to countertransference. They encompass several faith traditions – Jewish, Roman

Catholic, Buddhist, Mormon, and Evangelical Christian.

Religion as an element in psychological theorists' backgrounds has also been addressed as it has affected the development of their theory and practice. For instance, Demorest (2005) notes religious influences on Freud, B. F. Skinner, and Carl Rogers; and Stolorow and Atwood (1979) present the various subjective experiences, including religion, that influenced Freud, Rank, Jung, and Reich.

Most recently Hoffman (2004) has re-examined the life and work of Fairbairn and Winnicott in light of their religious backgrounds or "narratives," as she refers to them. She outlines the basic tenets of the Calvinism that affected Fairbairn and of the Methodism that affected Winnicott, in relation to the development of their theories and practices as well as their personal decisions. She suggests making further inquiry into the religious narratives of theorists, though she does not mention doing the same in regard to practitioners.

Woven through the discussion of taking religion into consideration in relation to psychotherapy and countertransference are suggestions that therapists be open to the mysterious and unknown (Corbett, 1996; Cornett, 1998), to uncanny experiences and vaguely perceived sensations (Samuels, 1985; Spero, 1995, 2004), and to the possibility that the God that clients believe in might be real (Leavy, 1990; Rizzuto, 2005). These ideas raise interesting, if unanswerable questions, such as whether God could be perceived as a source of aid in their work in terms of inspiration or intuition, hope, comfort, emotional support, wisdom, knowledge, and insight for therapist and client alike. These possibilities are suggested by anecdotal accounts of therapists who have felt

touched or found personal meaning in their work with clients who had religious experiences (Holden, 2000; Knoblauch, 1997; Kreutziger, 1995).

A small body of related research has addressed religion and presumed therapist bias. The aim of this research has been to objectively look at the possible effects of the therapist's religious ideology on the therapy (Cohen, 1994; Derezotes & Evans, 1995; Gartner et al., 1990; Joseph, 1988; Kochems, 1993; Shafranske, 1996b; Shafranske & Malony, 1990b; Sorenson, 1994). In this research, therapists report that religion is important for their clients and, in a more general, spiritual sense, for themselves as well. However, findings suggest that they compartmentalize their own religious views and avoid addressing clients' religious views (Cohen, 1994; Kochems, 1993; Sorenson, 1994). Other findings suggest that the more orthodox the clients' religious views or the more different from the therapists' religious views, the more likely the therapist is to demonstrate bias toward clients (Gartner et al., 1990). In these studies and others (Hodge, 2002a, 2002b) therapists' negativity toward religion and religious clients is attributed to lack of education and training about dealing with religion in therapy as well as to therapists' negative views of their own religious backgrounds. That therapists are generally negative toward their own religious backgrounds is indicated by a finding that those with conservative or orthodox backgrounds tend to shift away from the religions of their youth (Shafranske, 1996b; Shafranske & Malony, 1990b). The question of why this shift occurs and negative religious experiences in therapists' backgrounds have not been adequately explored.

The psychotherapist's religious background and how it comes into play in the

subjective experience of the therapist in the course of the work, are noticeably under-represented in the literature as noted by Shafranske (1996b). Religious background is generally given only brief mention, usually with the implication that it can have a potentially negative effect in terms of countertransference. In this regard the questions asked in the present study are about whether therapists who have had a religious background have developed a bias against religion, an affinity for religious concerns, a sensitivity for religious struggles, or any sort of leaning toward or away from religion that affects them in the course of their work.

Rationale

Religion can and does enter the countertransference, if one generalizes from the view of Casement (2002) that our clinical work is influenced by "our own life experience" (p. 519). While the client's religion as it affects the transference and countertransference has been well documented, the therapist's religious background entering the countertransference has not been adequately explored. Remnants of the conflict between religion and psychotherapy, based on early exclusion of religious discourse and feelings from psychotherapy, contribute to therapist's discomfort with religious material emerging in psychotherapy today.

The most problematic aspects of countertransference are enactments resulting from blind spots. Unconscious biases, attitudes, and stereotypes can exert untold influence on treatment. Research suggests that therapists' religious ideology has a negative impact on their empathy and ability to accurately diagnose (Gartner et al., 1990).

While it has been suggested that the source of prejudice is therapists' unresolved issues with religion (Benningfield, 1998) and negative religious experiences (Derezotes & Evans, 1995; Gartner et al., 1990; Joseph, 1988; Shafranske & Malony, 1990b), these factors have not been fully explored.

Training of therapists currently addresses clinicians' sensitivity to diversity and cultural competence in the areas of race and ethnicity, sexual orientation, and physical and mental disability, but training in the area of religion is typically neglected. Even though the religion of clients has been addressed more in the past decade, the therapist's religious experience is still neglected in training and education (Genia, 2000; Sahlein, 2002).

Personal experience of this author and communication with other therapists indicate that religious themes and experiences can have positive, personal, transpersonal, and transformative significance for the therapist. One of the most influential forces in my life has been religion, having grown up in a conservative Christian culture in which human nature was taken to be evil. The questions leading to my interest in this research began with questions about human nature and our effect upon one another as human beings. The actual question arose in my study of countertransference (Silva, 2003) and the influences of therapist and client upon one another: How does a religious background affect therapists in their face-to-face meetings with clients? I am aware of religious themes coming to mind in response to both religious and non-religious clients. Words from scripture or hymns, images and symbols, and poignant emotions and sensations arise in what I would refer to as religious countertransference. One experience occurred with a

female client who had had inadequate mothering in her childhood. Once, as she was tearfully telling me that when she prayed she felt that God turned His back on her, I felt a deep sadness. Spontaneously I said to her, "I think that God turns His back because He does not want you to see Him crying." It was a moving and bonding moment for both of us.

Informally, other therapists described similar experiences to me, and I began to wonder about the role of religion and the experience of the religious and sacred in other therapists' lives. In a metaphorical phrasing, the question is about the therapist's inner religious landscape or narrative as a potentially powerful influence in the therapist's subjective experience. Discussions with colleagues and current literature have revealed some of the ways therapists' religious experiences come into their awareness in the course of their face-to-face interactions with clients. The therapist might be deeply moved, awe-struck, and transformed, or put off, frozen, anxious, irritated, and avoidant in encounters with clients. The therapist might experience metaphors, images, thoughts, feelings, or sensory impressions that could be taken as related to the religious. These experiences are variously conceived of as transference-countertransference dynamics, as experiences of inspiration or intuition, and as existential phenomena related to the meaning of the therapist's life and work. The meanings and sources ascribed to these experiences, as well as the therapist's personal religious narratives are areas of exploration in this study.

Whether religion is seen as an innate tendency (Corbett, 1996; Kernberg, 2000; Kung, 1979), as a life experience (Strenger, 2002), or as a personal passion, similar to

poetry (Pizer, 2005) or politics (Samuels, 2004), it can elicit strong emotional responses. As affect-laden areas of experience, both religion and countertransference are prime for fueling enactments when they are left unconscious. It is anticipated that therapists who are more conscious of the stirrings of countertransference in relation to religion will be less likely to enact their feelings, will feel more comfortable working with religious and non-religious clients alike, and will have greater capacity for exploration of hidden and taboo areas of their own and their clients' personalities. The intent of the present study is to bring potential sources of countertransference into focus and into conscious consideration.

The Research Question

The purpose of this study is to explore the countertransference experiences of psychotherapists who come from a strong Jewish or Christian background. The central questions of this research regarding countertransference address religious content or phenomena experienced by therapists in the course of their work: What do therapists make of such experiences? Do they relate them to their religious backgrounds? How do they explain them in the context of their work?

This study focuses on subjective experiences narrated in semi-structured interviews with psychotherapists who define themselves as having had a religious background within the Judeo-Christian mainstream. They are not faith-based therapists per se, such as Christian counselors or "pastoral counselors." If they have a current religious affiliation, they consider their religious views subordinate to their professional

role in the course of their work. The "constant comparative" analysis method of grounded theory (Strauss & Corbin, 1998) was used to analyze the data.

Definition of Terms

For the purposes of this study, the terms "religion" and "countertransference" are defined as follows. The definition of the term "religion" is drawn from Joseph (1988) as revealed in the following quote:

> [R]eligion [is] the external expression of faith (the inner beliefs and values that relate the person to the transcendent or God). It is comprised of beliefs, ethical codes, and worship practices that unite an individual with a moral community. Religion is differentiated from spirituality, which is at the ground of our being and strives for meaning and union with the universe. The spiritual dimension seeks to transcend self and relate the individual to the ultimate. For those with theistic beliefs, ultimate reality is God. (p. 444)

This definition encompasses the anthropological view of religion as cultural institution (Geertz, 1973; Rizzuto, 1979) and psychological views of religion as an innate human tendency (Corbett, 1996; Kernberg, 2000; Kung, 1979) and existential need (Frankl, 1992; Yalom, 2002). It also allows for seeing religion as personal responsibility with convictions and obligations, much the same way Samuels sees politics (Samuels, 2002, 2004). And it allows for seeing religion as personal passion in the way Pizer sees poetry (Pizer, 2005). In the definition taken for this study, spirituality is the innate tendency of

which religion is the outward manifestation and cultural experience. Religion can involve beliefs, practices, and values held by a community and imposed upon or chosen by the individual. In theistic traditions, such as Christianity and Judaism, religion carries beliefs about God.

For the purpose of this study, a broad contemporary view of countertransference is used. It is defined as "the totality of the therapist's experience in relation to a particular client" (Grayer & Sax, 1986, p. 309). This definition includes countertransference "attitudes" that are a "constant presence throughout analysis" in the therapist and "reactions" that are temporary and that disrupt the attitude (Stein, 1984). This view considers countertransference to be all of the therapist's conscious and unconscious experiences including affective, visceral, cognitive, inchoate, and uncanny responses in a transference-countertransference relationship (Kernberg, 1965; Samuels, 1985, 1989; Spero, 1995, 2004; A. Ulanov, 1999, 2001). It incorporates the idea that countertransference is a receptive instrument for understanding clients and their material (Freud, 1912/1958; Jung, 1954a; Racker, 1968).

For this study all of the above are seen as *forms* of countertransference that may or may not be manifest in the therapy and that the therapist is responsible for bringing into consciousness as much as possible. In addition there are *sources* of countertransference that influence, affect, or contribute to these forms of countertransference. These sources might be considered pre-conditions, pre-dispositions, or precursors to countertransference. They include all of the therapists' life experiences, experiences of themselves, and preferences related to the practice of psychotherapy. These sources might

be seen as setting the stage for countertransference experiences. As noted by Casement (2002) and Aron (2004) therapists bring everything that they are and have experienced into the room. Thus pre-existing conditions or states in the therapist, such as deeply held values, beliefs, attitudes, and opinions based on life experience including religious and spiritual experiences are potential sources of countertransference. These experiences include therapists' backgrounds; passions; training and theoretical orientations; professional and personal communities; and the attitudes, values, and opinions held in these communities. Religion is one of these experiences.

Significance

No psychotherapy is well-served by blind spots, which include the impact of a therapist's religious background. The goal of this study is to enhance therapists' awareness of attitudes toward religion and religious experience. Psychotherapists may become more aware of their own religious leanings. They may, thereby, become more comfortable with their clients' religious attitudes and conflicts and more able to help clients who are struggling with religious or existential issues in their own lives. Perhaps the results of this study will encourage therapists to discover and acknowledge their own inner landscapes or religious narratives in order to better serve clients who are interested in learning more about their own inner terrains. The anticipated significance of this study is its contribution to increasing therapists' consciousness of feelings about religion and attitudes toward religious experience and to increasing therapists' awareness of countertransference based on these feelings and attitudes.

CHAPTER 2: REVIEW OF THE LITERATURE

Religious experience affects therapists in their work. Therapists have begun to look at and report on their religious beliefs, practices, and experiences in the context of doing psychotherapy. The focus of this research is religion in the subjective experience of the therapist; the review of the literature will include theoretical considerations, anecdotal reports of religious experience as it comes to therapists' attention in the course of their work, and relevant empirical studies. Religious experience, in this context, refers to the following: childhood religious background; the journey from that background to currently held beliefs, practices, and attitudes toward religion; and subjective experiences, thoughts, or associations that the therapist might deem religious in the context of working with clients.

The first section of this review will look at relevant background literature regarding religion in relationship to psychotherapy. The second section will be an overview of the phenomenon of countertransference. The third section will be a review of the literature on religion and countertransference: first, the seminal articles related most directly to religious therapists working with religious clients and second, religious countertransference in secular psychotherapy. The subsection on religious countertransference in secular psychotherapy represents a body of work by therapists whose religious background or affiliation is identifiable, and another body of work by secular therapists whose religious views are not known. In the fourth section literature concerning the therapist's religious background will be reviewed. This section will begin

with a review of the small body of literature related to religious influences on theorists, followed by that relating religious influences to clinical practice. The section will conclude with anecdotal accounts, found in clinical social work literature, that explore experiences of countertransference related to therapists' religious backgrounds. In the fifth section empirical studies that include data about clinicians' religious influences will be reviewed.

Throughout this review, spirituality and religion are differentiated as follows: spirituality is seen as an innate human tendency toward relating to something beyond oneself, something sacred, divine, numinous, or at the ground of one's being. Religion is the outward manifestations and cultural experiences that are the outgrowth of the spiritual tendency.

Religion in Relationship to Psychotherapy

An extensive body of literature has arisen in an attempt to heal the historical schism between the fields of religion and psychotherapy. Beginning with Freud the psychology of religion and the relationship between religion and psychology have been discussed (Kirkpatrick, 2005). Historical accounts of the debate between psychoanalysis and religion over the past century are represented by writers who are religious psychotherapists, such as Wallace (1990) and Meissner (2000). Wallace includes in his account an interesting review of the development of the pastoral counseling and the Christian psychiatry movements. He suggested that the two fields, religion and psychiatry, engage in dialogue. Meissner declared that "The debate has given way to a

dialogue" (p. 65) based on "mutual respect and increasing tolerance of differences of viewpoint and understanding" (p. 65). While it is currently recommended by numerous authors that religion be taken into consideration in psychotherapy, many caution against blurring boundaries between the two fields (Kernberg, 2000; Meissner, 2000; Smith & Handelman, 1990; Spero, 1985a; Spezzano & Gargiulo, 1997).

There is a significant body of literature by writers with religious affiliations about religion in a secular psychotherapy context. Helminiak (2001), Sperry (2001c), and Sperry and Shafranske (2005), who have identifiable Christian affiliations, contribute to this literature. They represent one perspective: proposing a spiritually-oriented approach that is neither religious, theistic, nor new-age, but includes openness to religious matters. Their thinking is that spirituality is a universal mental phenomenon, which means that every therapy legitimately encompasses spiritual matters. This requires that the therapist has "actually faced life's big questions . . . universal human questions," has the capacities "to live with openness, ambiguity and uncertainty," and is a "fellow traveler" with those on a spiritual path (Helminiak, 2001, p. 183). It does not, however, require that the client and therapist maintain the same beliefs and values. They assert that therapists must know themselves, their religious experiences, and their views on spirituality and religion in order to be responsible and effective in their work. Helminiak's states that, "The work of psychotherapy is really a ministry of spiritual healing" (p. 183). This idea is paralleled by others who suggest that biopsychosocial approaches to psychotherapy fall short of serving the whole person when the spiritual dimension is neglected (Boehnlein, 2000; Corbett, 1996; Cornett, 1998; Genia, 2000; Greenberg, 2001; Hartsman, 2002; Jones, 1991;

Koenig, 2000; Leavy, 1990; Olson, 2002; Shafranske, 2005; Sollod, 1998; Sorenson, 2004).

Lewis Aron (2004), a prominent relational psychoanalyst and intersubjectivist who had not previously been known as a religious person, contributes a self-revealing article about God's influence on his psychoanalytic vision and values. He recognizes that talking about their own belief systems has been taboo among psychoanalysts. He suggests that other analysts also may "have been shaped and influenced by their own experience with God" (p. 444). He does not offer examples of his own subjective experience and does not discuss how his relationship with God comes into play in the room in the intersubjective transference-countertransference relationship. He does, however, use some interesting language to express his sense of how God and religion come into his work. He suggests that "psychoanalysis may be envisioned as a religious practice, a form of worship, in which contact is made with the Almighty through immersion in the richness and depth of the inner life and in communion with the Other" (p. 450), as if psychoanalysis were a form of "prayer." Aron imagines prayer as "an ongoing internal experience of conversing with God. Praising, beseeching, thanking, complaining, questioning, challenging, and even arguing with God is simply expected. Prayer presupposes an intimate personal experience with God" (p. 446). He describes the Jewish daily liturgy which "expresses an ongoing theme of reciprocal love and a mutual and dynamic relationship between God and humanity" (p. 446). He sees this relationship as not only between God and humanity in general, but also as personal.

Aron's (2004) view of a continuous, reciprocal relationship between a person and

God might lead one to wonder whether psychotherapists who have such an ongoing conversation with God might be seen as introducing another element into the mutually influencing relationship with the client. The idea that the therapeutic relationship is triadic, with the inclusion of God as the third member has been introduced into the literature in a 1982 study of Christian psychiatrists by anthropologist Atwood Gaines (as cited in Greenberg, 2001).

Aron examines the influence of his "God representations" on his psychoanalytic conceptualizations. Citing Rizzuto he says,

> I do assume that all of us form some God representations, whether or not we believe in God. If we are atheists, then there is some particular God or gods that we have chosen to reject. Who this God is that we do not believe in may be just as significant an influence on our values as a God that we choose to worship. (Aron, 2004, p. 444)

Aron sees his relationship to God as one aspect of his religion, culture, and background. His article represents an astoundingly sharp turn in the psychoanalytic literature. He is not standing outside of his own experience, intellectualizing or objectifying it. He is following his own suggestion that "an examination and comparison of these influences would be productive" (Aron, 2004, p. 444). It is hoped that the present study will contribute to such an examination.

Spezzano and Gargiulo (1997), editors of the book *Soul on the Couch,* contribute to the dialogue between psychotherapy and religion from a psychoanalytic perspective. They introduce their book as being "about mystery, awe, and meaning" (p. xiii). They

build on the idea that there is an innate spiritual need that is equal to the needs for love and work and to the drives of sexuality and aggression. The contributors to this book are cautious about simplifying the dialogue between the fields of psychotherapy and religion. The book includes many chapters of varying relevance to this study. These chapters will be reviewed in order of increasing relevance.

Of minimal relevance are chapters by Gargiulo (1997) and Greifinger (1997) who articulate cultural settings and philosophical points of contact between psychoanalysis and religion. Gargiulo sets psychoanalysis "in the tradition of Western spirituality in its inquiry into personal meaning" (p. 1). Greifinger considers psychoanalysis a "moral conversation" in which analyst neutrality and objectivity are illusions.

Of more relevance is Fauteux's chapter (1997) in which he examines religious experience as a psychological regression, drawing a parallel between this regression and that which occurs in creativity and therapy. Such regression can be self-reparative if the individual who experiences it makes constructive use of it by acting upon the experience. The individual's actions express intellectual, moral, artistic, or relational development as a result of the religious experience. This article contributes to current knowledge of the mental health benefits of constructively used religion in an individual's life.

Included in *Soul on the Couch* are several chapters by authors with identifiable religious affiliations. One of these is by a Christian, Randall Sorenson; it is a theoretical article based on an earlier empirical study of psychoanalysts' treatment of religious issues (Sorenson, 1997). The earlier study by Sorenson (1994), which will be discussed in the final section of this literature review, is based on Aron's question about the patient's

experience of the analyst's subjectivity (Aron, 1991). Sorenson (1997) reiterates that the subjectivity (including the religious views) of both the analyst and the analysand matters. Embedded in this subjectivity are transference and countertransference, which Sorenson believes "become the fundament by which we know anything at all" (p. 174). He admonishes analysts to welcome "not only analysis of our patients' spirituality, but also analysis of our patients' experience of our own spirituality" (p. 196). He believes that allowing this analysis can be "something like a divine gift" for patients (p. 196). In this spirit, Sorenson's later book is entitled *Minding Spirituality* (2004).

These contributions in *Soul on the Couch* are relevant to a discussion of psychotherapy and religion. Though none directly address the religious experience of patients or analysts, two chapters in the book are somewhat related to the topic. They are by contributors whose Judaism is apparent.

One chapter describes a dying patient's religious experience in the course of therapy (Knoblauch, 1997); the other describes an analyst's religious experience (Friedlander, 1997). Knoblauch writes about the analysis of a woman who has a terminal illness. Her analysis is for the purpose of re-connecting with her self and preparing for death. In the course of it, a religious experience gradually emerges, connecting her with God. The therapist describes his therapeutic action: he chooses to "stay with her" in her experience instead of interpreting or asking about meaning. His action allowed her to connect with God in a way that facilitated repair of a rupture in her relationship with herself and freed her to articulate her affective experience as never before in her life. While this chapter is a moving account of a patient's coming to terms with impending

death, the writer does not share his own subjective religious responses with the reader beyond reporting that he found validation for his psychoanalytic technique in relation to this case.

Friedlander's article (1997) is central to this study. Friedlander writes about his own experience of the confluence of psychoanalysis and religion. He is unlike the majority of psychotherapists who, as reported in empirical studies to date, have left the conservative religious roots of their youth for more liberal religion or no religion (Shafranske & Malony, 1990a, 1990b). Friedlander's religious journey began in a Jewish family that "emphasized being 'Americans' first" and assimilated to the culture around it (p. 153). When he arrived at the decision to have a bar mitzvah at the age of 44, he imagined that his plan disturbed his family because it was "too Jewish" for them. He describes his journey toward the decision to have a bar mitzvah, including personal, professional, and religious details. Recounting his father's compliment on his talk about the Torah portion at his bar mitzvah, Friedlander expresses surprise at the poignancy of receiving an unexpected blessing. His father was moved to tears, not having expected himself to give a blessing. Friedlander received it as a powerful validation of himself, both professionally and religiously, believing that both religion and psychoanalytic theory contribute equally to understanding the individual's relationship to "the father" (p. 160).

Spezzano (1997) closes the book by inviting "religious, psychoanalytic, and spiritual traditions to continue to unfold by opening themselves up to each other's capacity to illuminate meaning and possibility" (p. 231). There is something of a spirit of mystery invoked as he encourages analysts to be open to religious possibilities in

themselves and their patients.

Another contemporary psychoanalyst and psychiatrist who has recently contributed to the discussion of religion and psychotherapy is Robert Langs. He has written extensively about psychoanalytic practice and about countertransference, particularly with respect to boundaries within the clinical frame. He believes in observing strict analytic practices of neutrality and non-disclosure. In his book on "deep adaptive psychotherapy" (Langs, 2004), he describes his theory and approach to working with the deep unconscious. Of this unconscious system, he writes, "In a true sense, the deep system has many of the attributes of a loving, caring inner God" (p. 51). In a seminar entitled "Spirituality in Clinical Practice: Exploration of Unconscious Dynamics" in 2005, Langs equated the deep unconscious system to Jung's deep unconscious that contains archetypes. In my understanding of Lang's view, these archetypes include not only God, but death, humanity, and good and evil, all of which can be seen and understood through stories in Genesis. He suggested looking at psychotherapy through the lens of these stories; for example, by seeing the establishment of the clinical frame as setting up an Eden, which is inevitably violated by the introduction of death anxiety. Langs' theory is complex and intriguing but only relevant to this study in that it brings religious stories into the thinking about psychotherapy, confirming that religion has entered the dialogue with psychotherapy.

Zeiger and Lewis (1998) oppose the readiness of some psychotherapists to embrace religion wholeheartedly and the abandonment of the ideal of neutrality by contemporary psychoanalysts. They apply their view of responsibility to therapists of both

religious and non-religious persuasions. Their position is that the responsible therapist brings religion into psychotherapy only at the client's initiation. They even question whether religious material belongs in psychotherapy at all and emphasize that transference, resistance, and countertransference can be intensified by its inclusion, especially when the therapist's religious identity is known to the client. They regard countertransference as "the therapist's distorted perceptions and reactions to the client based on unconscious internalized structures" (p. 419), including the therapist's religion and religious conflicts. In their view, negative countertransference reactions can occur when the therapist over-identifies with the client, failing to differentiate his own religious beliefs, struggles, and experiences from the client's.

Countertransference in Psychotherapy: Overview

The concept of countertransference bridges both Freudian and Jungian forms of psychoanalysis. In the classical view stemming from Freud, countertransference is seen as negative reactions in the analyst and as a hindrance to the analysis, which must be eliminated. In mid-century, Heimann (1950), Little (1951), and others contributed the conceptualization of countertransference as the "total response" of the analyst that included affective responsiveness as well as intellectual understanding. Major contributions to the development of contemporary understanding of countertransference as a useful tool of perception and understanding in the analyst were made by Racker (1968) and Searles (1979).

The attitude of empathic receptivity with which the therapist meets the client is

considered by some to be a state of "normal countertransference," the term coined in 1955 by Money-Kyrle (1988). This state is equated with Freud's "benevolent neutrality" (1988, p. 23), which includes concern for the welfare of the patient without emotional involvement and tolerance without indulgence or indifference (even though Freud would not have agreed that this state is a form of countertransference). Among contemporary relational and intersubjective psychoanalysts, this empathic attitude is considered a quality that is "crucial to the practice of psychoanalysis" (Samuels, 1989, p. 146). Sorenson (1994) draws on the work of Stolorow and Atwood when he refers to this basic attitude as "respectfully curious, sustained empathic inquiry" (p. 341).

Countertransference can be seen not only in the psychotherapist's receptive attitude in the intersubjective, relational field but also in the reactions that arise. These reactions correspond to unconscious communications from the client and often incorporate unconscious material from the therapist. They convey to the therapist something about the client that the client is not able to express in spoken conversation.

Jungian analyst and author Andrew Samuels provides a view of countertransference as encompassing various forms, ranging from empathy to compelling feelings to barely perceptible sensory impressions to reactive enactments (Samuels, 1989, p. 157). He conducted an empirical study of countertransference responses from 26 psychotherapists (Samuels, 1985). The replies to his inquiry covered 57 cases in which there were 76 examples of countertransference reactions that the respondents considered the results of unconscious communications of their patients. On the basis of his study, Samuels classifies countertransference reactions as bodily and behavioral responses,

feeling responses, and fantasy responses, all of which "may be said to be images. . . . because they are active in the psyche [of the therapist] in the absence of a direct stimulus that could be said to have caused them to exist" (Samuels, 1989, p. 157). Samuels' formulation of countertransference responses as "images" legitimizes the therapist's experience of the non-cognitive and non-rational. The current study draws upon Samuels' way of looking at countertransference in the process of designing interview topics used as a guide during data collection.

In another article, Samuels (2002) refers to "the practitioner's private and subjective responses to the client" as countertransference (p. 132). In this view countertransference takes the form of unbidden "images" that arise from the archetypal, "imaginal world" in response to clients' unconscious communications. By implication, countertransference images from the archetypal, "imaginal" realm may incorporate the form and content of "images" from the therapist's religious background.

Ann Belford Ulanov is another Jungian analyst who has written extensively about countertransference (A. Ulanov, 1979, 1982, 1999, 2001) and has a Christian affinity that is discernible by her affiliations[2] and writings (A. Ulanov & B. Ulanov, 1982; A. Ulanov, 1971). Her conceptualizaion of countertransference is a combination of the object-relations perspective of Winnicott (1947/1958) and the archetypal psychology of Jung (1954b). In this view, countertransference is the therapist's experience in the transformational potential space of a mutually influencing transference-

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[2]A. Ulanov, M.Div, Ph.D., is a Jungian analyst in New York City and a professor of psychiatry and religion, Union Theological Seminary (A. Ulanov, 2001).

countertransference relationship. A. Ulanov suggests that therapists have countertransference to objects within their own psyches, including the Self and "the infinite object God" (A. Ulanov, 2001, p. 42). This idea is based on the concept of archetypes as "objective" elements deep in the unconscious psyche (Fordham, 1958). As central archetypes, the Self and God can produce awesome experiences that have been referred to as encounters with the "numinosum" (Corbett, 1996; Samuels, 1985) or the infinite (A. Ulanov, 1999), which give the therapist a feeling of awe, humility, and a sense of connection with absolute knowing. A. Ulanov (1999) suggests that therapists be alert to all types of countertransference responses by exploring "our physical responses, our conceptual framework, and the sigh of our souls too deep for words" (p. 11). For Ulanov religion is innate to the human psyche and inherent in psychotherapy (A. Ulanov, 2001). Her work includes the idea that the therapist's religion and religious background can exert influence upon the therapist.

The perspectives on countertransference represented by Samuels and A. Ulanov do not speak directly about the religious backgrounds of therapists. However, implications can be drawn from theirs and others' work that the therapist who is open to the spiritual or religious dimension may, at times, have extraordinary countertransferential experiences (Corbett, 1996; Corbett & Stein, 2005; Cornett, 1998; Spero, 1995, 2004; Sperry, 2001a) . These experiences may arise in the form of thoughts, feelings, or sensations that are attributed to a transcendent source or are explained as a spiritual or religious experience. These experiences may be recognized by their content, such as memorized lines of scripture or hymns, images, symbols, or stories from one's

religious background, or they may be experienced directly and explained as an encounter with the sacred. These authors recognize the potential not only for poignant, positive countertransference but also for bias, prejudice, blind spots, avoidance, and other manifestations of unconscious, negative countertransference among both therapists who are open to the religious dimension and those who are not.

These authors, along with many others who write about psychotherapy and religion, cite psychologist and philosopher William James. His book *The Varieties of Religious Experience* (1902/1958) is a set of lectures on human nature and natural religion delivered at Edinburgh in 1901-1902. As a contemporary of Freud, James invites his listeners to consider religious experience in a broader context than the pathologizing one being espoused at the time. One of James' observations is that religious experience is perceived as coming from an external source; he suggests that the source is indistinguishable from an "absolute self" that is reaching toward reunion with the "finite self" (p. 387). The religious experience described by one of Freud's correspondents as an "oceanic" feeling conveys this sense of a "bond with the universe" (Freud, 1961, p. 15). Likewise, Jungian Lionell Corbett (1996) describes the religious function of the psyche as the realm of connection between the human and the divine. He cites Jung's and James' emphasis on direct experience in his description of religious experience as direct experience of the divine or numinous. The felt-experience is one of awe and humility along with a sense of knowing and a relatedness to something that transcends oneself. He contends that "The appearance of the numinosum is fairly common during the course of psychotherapy, although its presence is not always recognized" (p. 13).

In the present study, I refer to all of the possible positive, negative, and numinous experiences as "religious countertransference," which will be discussed more fully in the next section.

Religion and Countertransference

Scholarly therapists have written about their work with religious clients. Only a few have approached the issue of religion in psychotherapy from the perspective of their own experience.

Religious Therapists Working With Religious Clients

This section will address the seminal works of Spero on countertransference with religious clients who are in treatment with religious therapists. The works of other religious therapists are also included in Spero's book (1985a) *Psychotherapy of the Religious Patient.*

The Seminal Work of M. H. Spero

Moshe Halevi Spero is a Jewish psychoanalyst and professor in Israel. His writings provide numerous case illustrations of Jewish therapists working with Jewish patients. His insights, however, are also relevant to other religious therapists and areligious therapists. In fact, his works are cited whenever countertransference and religion are mentioned together. In his works that directly address religion and countertransference (Spero, 1981, 1985a, 1995, 2004), he enumerates the forms religious

countertransference can take, its sources, and principles for understanding and managing it, including guidelines for minimizing it and repairing the therapeutic relationship when countertransferential reactions disrupt the process.

The article entitled "Countertransference in Religious Therapists of Religious Patients" is the most often cited. In it Spero (1981) takes a traditional psychoanalytic view of countertransference as distorted reactions that are potentially destructive and that are evoked by the client's transferential expectations and resistance. He takes generally known forms of countertransference such as "rescue fantasies," projection of unresolved neurosis such as personal insecurity, guilt, or prejudice, and over-identification with clients and relates them to specific ways that countertransference arises in a religious context. For instance, over-identification with a client may be indicated by strong emotional responses or by mutual collusion in which the therapist avoids exploration of the religious patient's deep inner conflicts. Another form in which countertransferential collusion occurs is when the therapist relaxes or surrenders "professional standards," which results when the therapist fears being idealized or has unconscious unsatisfied needs for love or nurturance. In this form of collusion, the religious therapist might indulge in religious discussions that are gratifying for a client instead of challenging him or her to explore deeper psychological understanding, or the therapist might admonish or instruct a client about his or her behavior rather than maintaining a psychoanalytically neutral stance.

Spero identifies sources of countertransference as unresolved neurotic conflicts including psychosocial and psychosexual drives that are played out in religiosity. These

neuroses may be present in either the therapist or the client. He refers to them as "the uncontrolled neurotic determinants of brotherly love" (1981, p. 565) and as "a neurotic attempt to gain love without sacrifice" (p. 571). He explains that "brotherly love" is a "universal ethical attitude" to which both therapists and religious persons are committed. It is the desire to help one's fellow man, but it can cause disruptions and misalliances if it is distorted by unmet personal needs or unresolved conflicted psychological drives. The teachings, values, and expectations of a religious community are additional potential sources of "distortive countertransference." When the therapist and client are members of the same community, identification and idealizing transferences and countertransferences can be intensified. The client and therapist may collude in avoiding exploration of religious material in order to maintain their apparent closeness, acceptance of each other, or approval of the community. In such cases the client's transference becomes difficult to distinguish from the therapist's identification and empathy. Noting the potential for heightened feelings between them, Spero enjoins therapists not to trust, rely on, or enjoy strong feelings toward clients, since these are indications of countertransference.

Spero (1981) outlines seven principles for understanding the destructive and constructive potential for countertransference reactions and for managing these reactions, while recognizing that "the possibility that there are numerous *non*countertransferential responses. . . . [that] are dysfunctional only if not kept in perspective" (p. 572). Even though explicitly applied to psychotherapy of religious patients with religious therapists, these principles implicitly represent classical psychoanalytically-oriented technique. The principles are summarized as follows: The therapist must be able (a) to conceptually

understand "neurotic and normal needs for religious practice and belief"; (b) to discriminate mature from immature religious belief "in terms of the degree of adaptive potential and autonomy from conflict such religiosity has achieved"; (c) to scrutinize his own religious attitudes in view of both of the first two factors; (d) the therapist must develop a self-accepting attitude toward his own feelings of anxiety, anger, and frustration with religious clients; (e) recognizing that these feelings and attitudes are based in his religious commitment to "brotherly love," the therapist must set aside this commitment for the sake of his professional commitment to "the therapeutic alliance"; (f) the therapist must develop an ability to distinguish a defensive use of commitment to religious values from a legitimate commitment that can be therapeutically supported; and finally (g) the therapist "must be able to tolerate the patient's normal need for an area of emotional and not necessarily rational commitment and belief" that is not questioned because it is "a transitional zone, as Winnicott viewed the realm of religious belief" (p. 573). The implication is that the therapist is not to question the client's belief system or practices unless they are being used pathologically or as a neurotic defense. Spero concludes that it is neither the religious beliefs themselves nor the therapist's ideological views of the nature of religious beliefs, but the qualitative ways in which religious beliefs are being used by client and/or therapist that influence the therapeutic interaction.

Though the 1981 article is focused on religious therapists working with religious patients, Spero states that his principles apply not only to them but also to anti- and nonreligious therapists with religious clients as well as to religious therapists with anti- and nonreligious clients, since neurotic use of religious material can occur within any

client or therapist. These neurotic needs, according to Spero, are distortions of a normal need for religious belief and of normal relational needs.

In his 1995 article, Spero re-visits the discussion of countertransference and religion from a somewhat more contemporary psychoanalytic perspective. In it he expands the definition of countertransference, considering it "a therapeutic instrument or field in its own right," citing others who have contributed to this contemporary perspective (Epstein & Feiner, 1983; Heimann, 1950; Little, 1951; Racker, 1968; Searles, 1979). He does not consider countertransference as all of the therapist's responses to a particular client, but he does present a model for making constructive use of it, rather than seeing it purely as a distortion. He uses evocative language to describe the function of this "instrument" of communication:

> Contemporary psychotherapists are increasingly concerned with the ways by which information vital to therapeutic understanding can be drawn from inner reverberations and nonverbal impressions that are created within the analytic matrix through a variety of indirect, mediate, inchoate, paralinguistic, and even sensory-bound subjective processes. Central among the products of the therapist's intersubjective responsivity are insights that are derived from carefully forged countertransference reactions. (Spero, 1995, p. 70)

The phrases "inner reverberations" and "nonverbal impressions" capture aspects of the therapist's experience that are beyond cognition and affect. They are barely perceptible and yet relevant to the therapy.

The use of the phrase "carefully forged countertransference reactions" points to

Spero's (1995) belief that in order to responsibly and constructively use countertransference, it must be processed through a theoretical conceptualization. The basis of his conceptualization is that therapists nurture an empathic state in themselves in which to maintain contact with the patient in order "to reconvert the patient's communications into representable form" (p. 71). Spero introduces two terms, "countertransference crisis" and "working object representation of the patient," to describe the forms in which patients' communications can arise in therapists' subjective experience. The "countertransference crisis" is engendered in the therapist's experience by the client in order to communicate something about the client's internal, affective experience that cannot be conveyed through regular modes of communication, i.e., language. The therapist's experience of a "countertransference crisis" is illustrated in the following example from his case of a schizoid religious patient:

> Once again, there was an overwhelming quality in the room, in which I felt intense pressure to imagine all kinds of apocalyptic or idyllic religious fantasies, despite the important fact that these qualities did not jibe with other emotional experiences he was having either in the real world or in my internal representations of him. (p. 86)

Spero proposes that the therapist's effective use of this communication depends upon the therapist's ability to recognize and metabolize the crisis. He says that "the key to constructive countertransference" is not so much in formulating ideas or concepts about the meaning of the client's experience, which creates "an atmosphere of seeming omniscient intuition" (p. 71). Rather, the key to constructive countertransference is in

condensing these experiences into continually evolving "working object representations of the patient" (WORPs) (p. 72), as an internal silent activity of the therapist alone. He explains:

> These representations are installed within the working mental space in the mind of the therapist, enabling him/her eventually to symbolize and conceptualize those of the patient's internal experiences and object relations that have never achieved adequate (if any) level of representation, internalization, or structuralization. (p. 72)

Spero likens the therapist's "working mental space" to the environment provided by the Winnicottian mother who is available to the baby and able to withstand his use of her. This requires the use of the therapist's imaginative process (Spero, 1995, p. 90), a potential space in which a transformation can take place (see also A. Ulanov, 2001). The WORP evolves in the therapist's mind along developmental lines and can be something of an assistant, ally, or companion to the therapist's understanding of and communication with the patient.

The use of countertransference is transformational in that it allows the client to gain or retain God, others, and one's self as real with less conflict (dichotomy or splitting) in perception and relation to God and to real others. As Spero explains it,

> Through the resolution of transformational countertransference crises during treatment, and the alignment of the patient's historical memories and objects with their subjective meaning, many of the paradoxical or mysterious characteristics that were attributed to God in a conflict-bound manner regain their somewhat

more modest, containable, and knowable human proportions. (Spero, 1995, p. 90)

The two articles by Spero (1981, 1995) are very instructive about the use of religious countertransference. The principles he outlined and model he developed seem to be broadly applicable to countertransference experiences in general. The only limitation is that the cited cases are specifically from a Jewish therapist's experiences with Jewish clients who are struggling with religious conflicts. The present study is focused more broadly on the therapist's religious experience in the context of his work, regardless of the client's or the therapist's religious position.

Additional language for exploring religious experience that may be encountered in this study is provided by Spero (1992) in conjunction with an object relations view of "God representations" (Rizzuto, 1979). Spero uses the term "religious phenomena," defined as "any fantasy, belief, idiom, or practice that has as its object a representation (whether actively representable or not) known as God or is related to such an object representation" (Spero, 1992, p. 5). These phenomena play a special role in and fill a special psychological space. A God representation may be obvious or imperceptible, may have mature as well as childlike qualities, and "may not adopt their 'formal' religious character until much later in life, although they may wield an implicit and dynamic influence until then" (p. 5). The concepts of religious phenomena and God representation give rise to two relevant points: (a) that therapists, like all other persons, are in possession of a religious tendency and have object relations needs, and (b) that the possibility of religious phenomena exists in all persons, including therapists.

Spero does not cite Samuels, nor does Samuels cite Spero; however, their views

about the forms in which countertransference can arise in the therapist's perception are remarkably similar, though Samuels' view of countertransference is areligious and broader in that it incorporates the normal empathic attitude of the therapist as well as the "images" that can arise within this state. However Samuels' (1989) ideas seem compatible with Spero's sense of the forms that countertransference can take, including strong feelings (Spero, 1981), inchoate "inner reverberations and nonverbal impressions," and crises (Spero, 1995). By implication countertransference can take the form of "images" from the therapist's religious background.

Other Religious Therapists Working With Religious Clients

Christian psychiatrist John Peteet (1981, 1985) contributes to the discussion of religious therapists treating religious patients. He addresses countertransference responses and their sources and management. In his 1981 article, he states that therapists should know about religion and its effects on the client in order to recognize the issues that may arise, including resistance and projection in both transference and countertransference and in ethical dilemmas. Problems of trusting the therapist, the therapeutic alliance, and the process may arise in conflict with loyalty to religious leaders, community, and specific beliefs. For example, a problematic transference that seems particularly prevalent in Christian patients is guilt related to "the tension between their own interests and the interests of others," especially in "those whose religious background has emphasized sinfulness to the exclusion of human worth, and punishment to the exclusion of forgiveness" (p. 561). A second example is a patient's dependence upon authority, which

comes into conflict with the psychoanalytic aim to develop independent thinking and insight and to explore all aspects of religious and psychological questions. Peteet points out that potential pitfalls for the therapist include both over-involvement and avoidance of deeper concerns, especially those related to a client's religion.

In the second article, Peteet (1985) discusses the dilemmas and therapeutic decisions the religious therapist must make in the context of religious clients' transference responses, which "are stimulated in part by the therapist's identity as a religious person" (p. 71). Transference may include strong positive feelings of trust, identification, and idealization or strong negative feelings or ambivalence related to the projection of authority or of an unresolved wish for specialness, for example. The therapist may feel annoyance, wish to rescue, unconsciously overidentify, or reject the client. He may also feel gratified by having made a unique contribution to the client's care. In this context Peteet advocates for judicious disclosure of the therapist's religious values in response to the client's need for openness, when the therapeutic process will be helped more than hindered by the disclosure. He cautions that the reason for the disclosure must be clear for both the therapist and the client. He is not suggesting disclosure of countertransference itself. Peteet concludes that "sensitivity to the interplay of religious and psychological issues can enhance the perspective of both patient and therapist on the process of psychotherapy as . . . a complex human enterprise involving the whole person" (1985, p. 83).

Other authors support the use of classical therapeutic technique over the pull of religious obligations to direct, correct, or instruct the client. Of particular interest is an

article by Kahn (1985), a Jewish rabbi/psychologist treating an orthodox Jewish man, and a second article co-authored by Halperin and Scharff (1985), a Jewish psychiatrist and a Jewish social worker, both treating Irish-Catholic patients.

As a psychologist and a rabbi, Kahn (1985) notes the religious therapist's dilemma between his professional practice in relation to a patient and his religious obligation to instruct and correct a fellow believer. He emphasizes the idea that the religious identity of the therapist can affect the treatment in terms of transferential projections and expectations. In a single case example, he presents the treatment of an orthodox Jewish man. Kahn reveals his own conflicted feelings in the context of therapeutic decision-making. His major conflict is between his religious values that include a sense of moral responsibility and his psychotherapeutic stance of neutrality. This dilemma becomes a source of self-doubt, which he notes can lead to a countertransferential enactment of avoidance if the dilemma is not well understood. He ultimately maintains his neutrality in adherence to standard psychoanalytic practice, to the benefit of the client. Reaffirming the efficacy of this practice in the context of religious conflicts that arise in the countertransference, he says, "By waiting, understanding, and interpreting . . . therapeutic as well as religious obligations had been fulfilled" (p. 95).

In their article, Halperin and Scharff (1985) discuss the observable transference expectations and resistances that arise in cross-cultural, inter-faith analysis. They present several case vignettes in which the therapist and client have different religious background and different nationalities. They mention that countertransference arises in response to strong emotions such as anger and hate that characterize anti-Semitism.

Another Jewish psychiatrist describes intense anti-Semitic transference enactments directed at him. He admits only to developing "a peculiar fondness for this brilliant and tortured man" (Pies, 2006). Halperin and Scharff do not describe the countertransferential feelings themselves. They do describe the analyst's actual response in a case in which the Jewish analyst felt moved by the expressions of a patient who regained his own Christian faith. He expressed his love and gratitude for the analyst by asking how a Jewish analyst had been able to help him restore his faith since he did not perceive the analyst as "a man of faith." Answering his own question, the patient concluded that "the analyst had not imposed a faith or value on him but had helped him discover his own" (p. 117). What the analyst found especially moving was the patient's development "of a capacity for love and empathy absent in his early family life" (p. 117). This description of the efficacy of the therapist's positive, but undisclosed, feelings toward the client demonstrates his "*attempts to be religiously neutral,* [even though] *neutrality remains difficult to achieve*" [Italics in original] (p. 100).

Religious Countertransference in Secular Psychotherapy

Authors, such as Milo Benningfield (1998), Vicky Genia (2000), and Julie Sahlein (2002) contribute to the literature about countertransference and religion. In addition Julie Giglio (1993) looks directly at the contribution of the therapist's religious values.

In a social work context, Benningfield (1998) suggests that "the most common source of therapist error is related to countertransference concerning religion" (p. 35). His explanation for this phenomenon is that "the spiritual is less conscious and . . . more

affect-laden than other values" (p 35). Countertransference may be over-identification or under-identification manifested in an encouraging or rejecting view of religion, stemming from the therapists' experiences of religion. He believes that "Therapists who have unfinished business with their religious beliefs are at risk of using therapy as a vehicle for acting out hostile impulses harbored against their parents and religious traditions" (p. 35). He believes that positive attitudes toward religious beliefs can be problematic as well, in that therapists who are interested in the spiritual may neglect psychodynamics or may avoid exploring issues because religion is held as sacred and unquestionable.

Genia (2000) discusses countertransference in secular psychotherapy with religious clients. She provides an overview of countertransference related to religion in general. She recognizes therapist's countertransferential biases, discomfort, and strong negative feelings toward clients. These are the therapist's responses to transference that relates to a client's sense of moral superiority, authoritarian rigidity, or hostility toward the therapist. Explanations for therapists' difficulty with religion include the research findings that therapists tend to be less religiously involved than clients, that some therapists have rejected their own religious backgrounds due to negative experiences, and that they lack training and consultation regarding religious issues. She recommends more training and consultation, educating oneself by reading current literature on religion in the practice of psychology, and "self-scrutiny" in order to use countertransference constructively rather than being drawn into enactments or otherwise imposing on clients.

Sahlein's article (2002) is intended to share with other therapists her experience of increasing her ability to work comfortably with religious material in clinical practice.

Sahlein briefly reviews social workers' attitudes toward religion as well as historical psychoanalytic attitudes. She then offers her own clinical experience, including the development of her use of countertransference, when "religion enters the dialogue." She reports that she painstakingly examined the emotional dynamics underlying a series of difficult countertransferential responses to religious material. Her feelings included anger, frustration, envy, anxiety, and woundedness in reaction to the apparent certainty of the client's worldview, to the client's crediting God for positive therapeutic outcomes, and to feeling generally uncomfortable with the sense that there was a fundamental difference between herself and a dogmatically religious person. She says that, "Growing aware of the various emotional components of my responses to clients' religious material has enabled me to intervene in more therapeutic ways" (p. 399). Instead of reframing or avoiding the material, she expresses respectful, empathic curiosity.

In a section entitled "Ethical Considerations" Sahlein says that not only are the therapist's "intrapsychic, familial, and cultural frames of reference" sources of countertransference; an addition source of countertransference is "the charged emotional and intellectual climate surrounding religion within the field of social work" (2002, p. 399). She refers to "A profession-wide sense of ambivalence about religion and uncertainty about how to deal with it" (p. 399), which contributes to social workers' discomfort with religion in practice.[3] She recommends broadening one's knowledge through additional education and literature to counteract the lack of attention to religion

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[3]This professional ambivalence may be demonstrated in the editorial introduction to the issue of the journal in which Sahlein's article appears. The editor comments on all the articles in the issue except Sahlein's.

in social workers' training.

It is generally recognized that significant countertransference can come into play in therapy when religion is an aspect of the patient's life or is the focus of the work. In her review of the literature on the effects of patients' and therapists' religious values on psychotherapy, Giglio (1993) addresses countertransference. Manifestations of negative countertransference toward religious patients include avoiding religious issues that patients bring up, making interpretations regarding a patient's religion as healthy or pathological without adequate exploration, and otherwise failing to explore the patient's religious orientation and experiences; all of which, Giglio says, "may sabotage the development of a therapeutic alliance and a positive treatment outcome" (p. 769). She attributes the therapist's resistance to exploring religious concerns to negative attitudes, lack of knowledge, fear, and a lack of training, noting that progress in therapy may be associated with the therapist's sensitivity to religious issues. She raises the question of self-disclosure, about whether it is facilitative or disruptive for a therapist to disclose his religious values, and she supports a stance of being inclusive of religion without being intrusive. Giglio concludes that therapists should be aware of their own ideological stance and recommends expanding current training of therapists with attention to countertransference problems. She does not explore therapists' actual religious experience.

The Therapist's Religious Experience Related to Theory and Practice of Psychotherapy

Bodies of literature related to theorists' and therapists' religious backgrounds and

clinical practice are reviewed in this section.

Religion and Theory

A body of literature that addresses the influences of psychological theorists' backgrounds on their theory and practice has begun to address their religious backgrounds as an influential element. While this literature is broadly relevant, it does not address the therapist's religious background as it comes into his or her experience in face-to-face interaction with clients. For instance, Demorest (2005) notes religious influences on B. F. Skinner and Carl Rogers, along the lines of Stolorow and Atwood (1979) who present the various subjective experiences, including religion, that influenced Freud, Rank, Jung, and Reich. Demorest correlates the major theories of Freud, Skinner, and Rogers with their early life experiences. For instance, both Skinner and Rogers "had parents whose religious beliefs led them to employ strict parenting styles" (Demorest, 2005, p. 146). Both sets of parents are characterized as controlling, judgmental, and disapproving. Demorest concludes that Skinner incorporated controlling characteristics in his theory, having proved to himself that "external control is unavoidable and freedom an illusion" (p. 163), whereas Rogers found freedom from control.

Rogers had apparently taken religion to heart. For instance, he was reportedly impressed in his youth by a Bible passage from Isaiah that reads "all our righteousness is as filthy rags," which is taken to mean that "people are at their core utterly sinful" (Demorest, 2005, p. 147). Having intended to pursue a career in religion, he attended seminary for a year, until he discovered that he was unable to submit to a doctrinal

system. He turned to psychology but subsequently branched out from the orthodoxy of his psychological training as well, developing his client-centered approach that is based on his belief in the basic integrity and trustworthiness of the individual. In his apparent rejection of his early religious teachings about human nature, Rogers matches the research that reports that the majority of psychotherapists who had religious backgrounds currently hold views that represent a rejection or liberalization of the religion of their origins (Shafranske & Malony, 1990b).

Religion and Practice

Some authors discuss their own religious backgrounds and current views in relation to their practice of psychotherapy. Given the current state of the dialogue, these are rare and brave souls who write about how their religious development contributed to their professional and theoretical development.

Christian psychotherapist Carlton Cornett (1998) opens his book with a brief mention of his Christian background and how it affected his choice of career and the development of his professional practice. Originally he had sensed "a call to the ministry," which he says was "capped off" by his homosexuality, due to the conservatism of his Christian culture. He chose social work instead and now has a clinical practice in Texas. He believes that psychotherapists are poorly prepared to deal with spiritual issues due to cultural biases. His practical suggestions for countering biases are aimed at both religious and non-religious therapists; the more the therapist understands his own values regarding spirituality, the less likely these values are to intrude on work with clients. He

suggests that therapists explore three areas of potential countertransference: the capacity to be comfortable with the unanswerable, the need to be an expert, and difficulties with the therapist's own spiritual development. He says that countertransference is equally likely in therapists who fear the mysterious and unanswerable and in those for whom there is no mystery, among Christian, other religious, and non-religious therapists alike. As an antidote to this fear, he recommends that therapists develop a capacity and willingness to see reality as relative and to suspend disbelief when listening to a client's story.

Leavy (1990) makes a similar statement – that therapists should leave "open the possibility that the transcendent otherness that religious persons claim to approach is as real as they claim it to be" (p. 58). Finally Cornett (1998) encourages therapists to be engaged in their own self-analysis, psychotherapy, and consultation, especially when they are working in the area of spirituality.

Other authors have written brief, candid accounts of their current religious beliefs and practices as they affect their psychological theories and practices. A representative sample is collected in a book by psychiatrist Len Sperry (2001c). This sample encompasses various affiliations – Jewish, Roman Catholic, Buddhist, Mormon, and Evangelical Christian. The psychologists write about the interplay between their personal and professional convictions and practices and "the spiritual dimension." These accounts reveal something about the therapists' religious views and practice; little is revealed of early religious background, with a few exceptions. For instance, Giblin (Sperry, 2001b) mentions an Irish, Catholic background, which is represented in his work. He is a

professor of pastoral counseling and a researcher and psychotherapist focusing on families and couples. Interestingly, his personal practice is informed by the twelve-step program of Alcoholics Anonymous and by Buddhist meditation practice, both of which are also incorporated into his work. These brief accounts pique one's interest in therapists' spiritual orientations, religious backgrounds, and the therapist's awareness of them in the course of sitting with clients.

The account most relevant to this study is by Edward Shafranske who is a psychoanalyst in private practice in Southern California, a researcher, and a professor of psychology at Pepperdine University. Drawing from William James's (1902/1958) writing on religious experience, Shafranske says, "I have found that religious sentiment is emergent in many daily moments and often appears in similar ways in the course of psychological treatment" (Sperry, 2001a, p. 174). He likens the meditative receptivity of Catholicism to psychoanalytic listening in which "religious associations, prayer, and reflection" (p. 174) may arise in the therapist. He says, "There are moments, for example in teaching or in clinical work, in which recognition of the spiritual foundation that informs my life appears in consciousness" (pp. 174-75). He does not refer to intersubjectivity or object relations theory directly, but uses the language of both in terms of listening for "organizing principles" and "providing a space" for both conscious and unconscious "religious narratives" to be elucidated. He concludes that "Psychological treatment, although offered in the spirit of neutrality, inevitably includes the irreducible, ever present subjectivity of the clinician" (p. 176), including his spiritual orientation.

In addition to the contributions of these Christian psychotherapists, Jewish

psychoanalysts who have contributed to this literature include Stephen Friedlander (1997) (reviewed above), David Greenberg (2001), and Carlo Strenger (2002). Greenberg (2001) states that he is not using the term "countertransference," citing Spero's (1992) sense of it as distortion. Instead, Greenberg is writing about "moments of difficulty" that are inherent to the situation when a therapist's religious identity is recognizable. In his ethnographic self-report he introduces himself as a modern orthodox Jew who practices psychiatry in Israel. Since he wears a *yarmulke* as part of his religious observance, his religious identity is obvious. In the introduction to his article he points out that the relationship between religious psychiatrists and their religion has been "detached" (p. 568), as if they could be neutral to their own religious identities in the interest of not affecting patients. He says that all aspects of the therapist's identity have "an internal effect, influencing one's self-view and way of communicating and working with others. Above all, they impact upon patients" (p. 565). On the basis of this argument, he states that classical psychoanalytic "neutrality is more assumed than real" (p. 564). He comes close to agreeing with Sorenson (2004) and Cornett (1998) who say that analytic neutrality is a form of neglect, not only of clients but also of oneself.

In the interest of addressing the neglected area of the therapist's religious identity, Greenberg (2001) offers a relatively detailed account of expressions of his religious identity in his work. He reveals feelings of disappointment with himself, questioning whether his religion is sincere or superficial when working with a secular patient; feelings of ease in identification with a client of his same "modern orthodox" affiliation; feelings of annoyance when his authority is questioned by an ultra-orthodox religious client; and

feelings of enjoyment, relishing opportunity to discuss Torah with another ultra-orthodox client. This latter experience is an example of using the language and knowledge of religion in service of the patient, but it also made him question his authenticity and honesty. In summarizing, he describes these "moments of doubt" in both his identity as a psychiatrist and as a religious person as follows:

1. Situations that make me question my religious identity, whether I am sincere or manipulative, sure or doubting.
2. Situations that question my role as a psychiatrist, if I am pursuing topics out of self-interest or flattery, and not for the good of the patient.
3. Purely religious questions. Do they exist, as distinct from and not reducible to other life issues? Do I succeed in appreciating my role here as a psychiatrist or am I blurring roles, playing rabbi, doing that which I am not trained to do and which is not in my patient's best interest? (Greenberg, 2001, p. 575)

Greenberg's central question is about how the fact that he is an identifiably religious person affects him in his work as a psychiatrist. He has provided a brief exploratory self-reflective report, which could be taken as a model for other therapists to consider the effects of a religious identity on themselves and their work. Though he does not isolate his religious background as a factor, he insists that the psychiatrist's religious identity is important. This view reinforces the sense in this study that focusing on the effects of a religious background on the therapist is both timely and of potential value to the field of psychotherapy.

Strenger (2002) describes the effects of his religious background on his choice of profession and his development as a psychoanalyst. Citing Stolorow and Atwood (1979) Strenger says that "in psychoanalysis the most intimate and personal issues are inextricably interwoven with one's professional view and identity" (p. 535). Born into an orthodox Jewish family, Strenger describes his individuation from the orthodoxy of his family's religion as well as his subsequent adoption and ultimate individuation from psychoanalytic orthodoxy. He gives an account of his spiritual narrative as intertwined with his professional development, which he describes as finding his own voice. He traces the development of his own position, his journey from orthodoxy to a position that he calls "critical pluralism." He refers to this journey as finding his own voice among the relational, intersubjective, existential, and Jungian voices of contemporary psychoanalysis. He notes the inevitable parallel between his own process of "breaking out of confines" (p. 555) of orthodoxy and the similar process of clients who are striving for their own freedom. He has a particular affinity for those clients. He comes to recognize that the therapist cannot "reflect his way out of his own subjectivity" (p. 534), meaning that therapists cannot be completely free of their backgrounds. Asserting the right of independence of both client and therapist, he says, "The art of letting the patient's voice reverberate is inevitably one of having a voice of one's own which is offered to the patient for consideration, and not imposed as fact or dogma" (Strenger, 2002, p. 553).

The therapists and analysts whose works have been thus far reviewed address the religious experience of the therapist. They do not discuss religious experience explicitly in relation to countertransference.

Countertransference and Religion

Among practitioners who contribute to the discussion of countertransference and religion are two clinical social workers. Sarah Kreutziger (1995) and Constance Goldberg (1996) write directly about countertransference experiences in conjunction with their religious views and backgrounds.

A professor at Tulane University School of Social Work and former medical social worker, Kreutziger (1995) provides an anecdotal description of her clinical social work in conjunction with her religion, which is a gratifying and meaningful aspect of her professional experience. She offers her religious background, journey, and experience in practice. Her faith, as she says, "was honed on the legacy of the Social Gospel, or what John Wesley[4] had earlier called, 'practical divinity.' This is the call to act on behalf of others in response to God's unrelenting love and action in our own lives" (p. 29).

Kreutziger refers to her faith as "my Jesus thing," explaining that she had tried to ignore it in early adulthood during which time she "went into social work because it allowed me 'to save the world' as a secular missionary" (p. 29). She "embraced the methodism of psychoanalytic theory as the newer way to human perfection," following Freud's (1961) belief that humankind would relinquish religion as "a harmful illusion in favor of progressive scientific knowledge" (Kreutziger, 1995, p. 29). She adapted her thoughts and practice "to reflect these new doctrines," becoming atheistic. However, she notes that she was a "lousy atheist" because she could not stop going to church. She loved

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[4]Wesley is credited with founding "methodism" as used in the name of the Christian denomination known as Methodist.

"the feel of church: the rituals, the symbolism, the music, the people, the fellowship, the shared values . . . . the connection with the community" (p. 29). This connection was reinforced by her work; for instance, she felt relieved when she found that her dialysis patients were involved in their church because she knew the beneficial effects of a strong support system and positive belief. Her recognition of the language of religious belief enabled her to work with patients, their families, and the church community. She felt comfortable conversing in the language of faith, which made many of her elderly, seriously ill, and dying patients feel comfortable and secure with her.

She also writes about challenges, dilemmas, and dangers inherent in opening herself to the spiritual realm of her patients' lives and disclosing something of her religious tradition. One example is the tension between a sense of religious values that stresses unconditional love and service and the need to set limits and boundaries with the family of a drug-abusing patient. Her greatest ethical challenge arises when religious beliefs seem to be misguided in light of medical advice, such as when families "refuse life-saving medical care because of their religious values" (p. 33).

Kreutziger concludes with a recapitulation of the interaction between her faith and her work as follows:

> We start with our own sense of truth, enter into relationships with others whose difficult situations force us to face with them some of life's most challenging questions, and reframe our beliefs and values based on what we hammer out within those interactions. This process occurs in the context of what theologian Paul Tillich (1963) called "the eternal now." (1995, p 34)

Entering into these relationships, she learned about "just being" with patients, a skill that had its origin in her religious background. As she describes it, "My patients and clients helped me to refine skills I had learned in Sunday School. They taught me to listen to the silence of thoughts too profound to express. They taught me how to respond carefully to the quiet of these meditations" (p. 34). Reminiscent of Bion's approach to being without memory and desire, she said, "My patients forced me to confront my own existential anxieties in order to help them face theirs" (p. 34). She learned to make space not only for her patients but also for herself; as she stated it, "I've learned to take time to renew my spirit through worship, music, prayer, and play" (p. 34).

This is a well-reasoned, self-revealing, and inspiring article for those whose faith sustains them in their work. It gives glimpses of how Kreutziger's work as a medical social worker touched her. This article raises a question about whether psychodynamically oriented psychotherapists have similarly moving and wisdom-building experiences with their clients in relation to their own faith.

Clinical social worker Goldberg mentions in her article (1996), "The Privileged Position of Religion in the Clinical Dialogue," that "there are often significant countertransferences at work in therapy" (p. 130) when the religious dimension is a focus of the work. She situates religion as a "dimension of the patient's life experience" (p. 130). She suggests that therapists' uneasiness with clients' religious experiences may stem from the therapists' experiences, "either because the idea of God has special meaning to us in our own belief system as fellow believers – or because it has no such personal meaning but is imbued by the culture with special untouchability" (p. 132). She

offers information about her own religious background, "based as it was on somewhat ambiguous notions about the reality of God" (p. 132). This ambiguity contributes to her reticence when working with religious clients. She believes that this form of countertransference can cause the therapist to short-change the client, especially in the area of "furthering her understanding of the way in which religious faith functions for her" (pp. 132-133).

Empirical Studies Related to Therapists' Religions

Studies of both social workers and psychologists document interesting findings related to the religion of the therapist. While none of them report the therapist's actual religious experience related to their countertransference experience with clients, they will be reviewed in terms of the findings that relate to the therapist's religious background and affiliation. These studies, which will be reviewed in chronological order, contribute to the argument for the integration of religion into psychotherapy practice and to the assumption that everyone has a religious perspective, even if it is atheistic or anti-religious.

A professor and chair of the Doctoral Program at National Catholic School of Social Service, M. Vincentia Joseph (1988) conducted research "concerned with the significance of religious issues and the notion of God as they emerge in clients' situations" (p. 444). It was an exploratory, descriptive study of 57 clinical social workers who were "master's degree program field instructors of a church-related school of social work in the Washington, D.C., metropolitan area." They returned mailed questionnaires. Several questions elicited information about "the respondents' own experiences with and

attitudes toward religion and the influence of these on practice" (p. 445). An interesting finding in the profile of the respondents is that "almost ten percent of the population had either begun or completed degrees in religious studies" (p. 445). This finding contributes to the aspect of my research concerned with the therapist's religious journey in reference to choice of profession; a question arises about therapists who might have set out to be missionaries, ministers, or rabbis and subsequently turned toward psychology or social work.

Joseph also included a question about countertransference, which she defined as "the projection of the worker's attitudes and feelings about religion in the practice situation" (1988, p. 446). She found that 45 percent of the respondents considered countertransference very important to somewhat important when dealing with religious issues. One of her conclusions is that there might be "a relationship between the self-awareness of religious, spiritual, and value issues and the level of comfort in dealing with these issues" (p. 447). She suggests that further research is needed to explore how clinical social workers "deal with countertransference issues when dealing with religious, spiritual, and value-laden issues" (p. 452). She, too, strongly advocates for the inclusion of religion and spirituality as significant dimensions of practice.

Gartner and associates (1990) conducted a clinical analogue study of the interaction of patients' and therapists' ideologies, using the mailed returns of 363 participants, out of 1800 randomly selected clinical psychologists to whom questionnaires and case vignettes were sent. The psychologists each rated two case histories, one with an extreme ideology and one without it. Extreme religious ideology was represented by

Atheists International and Fundamentalist Christianity, and extreme politics was represented by American Socialist Party and John Birch Society. Their major finding was that patient ideology affects clinical judgment in all four areas assessed by the study: empathy, pathology, stress, and maturity. Patients who held an extreme ideology were rated more negatively in all four areas: particularly in the area of empathy, in that psychologists liked them less; and in the area of pathology, in that psychologists gave them more severe diagnoses.

Findings about the influence of therapist's ideology in interaction with the patient's ideology were less well-supported by the data. However, researchers reported that both liberal and conservative therapists were more likely to express a personal preference for patients of their own ideological type; and they appeared to be biased against patients holding extreme religious or political ideologies, particularly if the therapist also held an extreme ideology that was different from the patient's. The researchers placed this preference in the area of empathy, which was found to be more affected than the other three areas (pathology, stress, and maturity of the client) by the interaction of the therapist's and patient's ideologies.

The researchers drew conclusions that "values can be a potent elicitor of biased clinical judgments" (Gartner et al., 1990, p. 104) and that "therapists who hold extreme beliefs, need to be sensitive to 'ideological countertransference,' so that they can be understood rather than acted out in therapy" (p. 104). This statement was their only reference to "countertransference" per se. It adds weight to the argument that therapists' ideologies affect the treatment relationship and can affect the outcome of the therapy,

making therapists' values systems, such as religion, worth studying.

Sheridan, Bullis, Adcock, Berlin, and Miller (1992) studied the mailed survey responses of 328 licensed clinical social workers, psychologists, and professional counselors in Virginia. This study was designed to examine the respondents' attitudes and behaviors toward religion and spirituality. The major finding of the study was that as a whole, respondents tend to "value the religious or spiritual dimension in their own lives, to respect the function it serves for people in general, and to address, to some extent, religious and spiritual issues in practice" (p. 190). There is no mention in this study of countertransference per se; however it is implied in the discussion of the implications of their findings for practice. The researchers use the phrase "know thyself" to assert that self-examination is relevant to all practitioners "whether they adhere to a particular faith, have a secular philosophy, or consider themselves antireligious" (p. 200) in order to avoid the risk of being ineffective or harmful with clients.

They include a table depicting an interesting set of data comparing the past and current religious affiliation of practitioners by discipline. Past religious affiliation refers to religion in their family background. In Protestant, Roman Catholic, and Jewish categories, there were significantly fewer practitioners of all disciplines in the "currently" affiliated column than in the "past" affiliated column. In the "other" and "none" religious affiliation categories, the numbers went the opposite direction: more practitioners reported their "current" affiliation as "other" or "none," and fewer reported these as their "past" affiliation. The implication is that the majority of practitioners had shifted away from the traditional faith of their youth, though the researchers do not explore why the

shift occurred and how the experiences that led to the shift affect the therapist in the interplay of the therapeutic relationship, i.e., in the countertransference.

Sorenson (1994) designed a study of therapists' attitudes and behavior related to client/therapist religious issues based on findings published by Cohen in 1994, but first reported in Cohen's dissertation on religiously committed psychoanalytically oriented clinicians in 1986. Laying the groundwork for his study, Sorenson states basic premises that are drawn from traditional psychoanalytic attitudes and continue to be found in contemporary psychoanalytically oriented psychotherapy: first that "therapists are not supposed to have any countertransference at all"; second that "therapists are not supposed to be at all religious"; and third that "to be most politically correct, therapists above all else must not have countertransference related to religious issues" (pp. 325-326). He indicates that there was no previous study of the impact of the therapist's "God representation" (Rizzuto, 1979) on his clinical work, so he set out to conduct the first study. Sorenson discovered that what most influenced the therapist's approach was not the therapist's God representation but the manner in which religious issues were handled in his own personal therapy, regardless of the religiosity of the therapist or the client/therapist in training.

When the therapist has countertransferential discomfort with religion in therapy, he or she withdraws, ignores, misses, or otherwise does not hear emergent religious material. Sorenson (1994) concludes that the way one does therapy is "more caught than taught" (p. 342). On this basis, he suggests that training programs should not only teach but model the exploration of patients' religious backgrounds and God representations,

whether the patient is agnostic, atheistic, or theistic. The implication for this study is that therapists could be encouraged to take into account their religious experiences as well as their experiences in therapy as these affect therapists in relation to their work.

Kochems draws a similar conclusion to Sorenson's based on his quantitative study of 361 "experienced psychotherapists" who completed an inventory aimed at discovering reported values and techniques related to working with "religious material" and at exploring their backgrounds related to their practices (Kochems, 1983). On the basis of this study, he reports that "a statistical analysis of therapists' self-reports reveals that they managed the religious material of their clients based on how they personally felt about religion (positively or negatively)" (Kochems, 1993, p. 37). The gist of his concerns is that psychotherapists are uncomfortable dealing with religious material: whether they devalue it or privilege it, they tend to isolate it and ignore it. As an antidote to this form of countertransference, he demonstrates his way of working with religious material by tracking his countertransference and the client's "God representation" (citing Rizzuto, 1979) in a psychoanalytic case presentation. He emphasizes reducing the isolation of religious material in an integration of understanding based on interaction and relationship between therapist and client.

Derezotes and Evans (1995) conducted a limited study of attitudes of social workers towards spiritual and religious issues in practice, using in-depth telephone interviews of 56 Utah practitioners. Their interview questions were quite extensive, including one question specifically related to the therapist's experience of religion and countertransference: "In your own life, has religion been overall more helpful or

detrimental to your spiritual growth? How has this affected your practice with your clients (countertransference issues)?" (p. 45). The particulars of this study are both interesting and limiting: the number of participants is small; half of them identified as Protestant and half as Mormon; and they are all from the Wasatch Front (Ogden, Salt Lake City, and Provo, Utah).

The authors acknowledge the uniqueness of Utah as a study setting, given "the strong presence of the LDS church and culture" (Derezotes & Evans, 1995, p. 51). They do not attempt to account for the effects of the homogeneity of the community on their major findings. They found that the participants recognized the relevance and significance of religion in their own lives and in their clients' lives. They also found that therapists' religious experiences had been more helpful than harmful and had given them respect and empathy for the struggles of their clients. In the summary of their findings the authors note that "The majority of these practitioners felt that understanding their own beliefs and biases was a necessary prerequisite for helping their clients in this area" (p. 50). Therapists clearly need to understand the potential sources of their own countertransference. The emphasis of this article is the presentation of a model for integrating spiritual and religious issues in social work education based on the concept of the therapist's use of self.

Shafranske (1996b) reports on data collected in his previously unpublished, 1995 study. In it, a random sample of American Psychological Association members with doctoral degrees in clinical or counseling psychology (N=253) were surveyed regarding their religious beliefs, affiliations, practices, clinical training, and use of religious

interventions. He states his basic assumption as follows:

> It seems reasonable to assume that preprofessional experiences and the ongoing personal life of the clinician are often a source of influence. Culture, history, family, values, and beliefs continue to shape the backdrop on which therapeutic values are expressed in both subtle and overt ways in the conduct of psychotherapy. (p. 150)

Of the psychologists surveyed 73% reported the salience of their spirituality as fairly to very important. Only 48% of them reported the salience of religion as fairly to very important (p. 153). Shafranske compares these findings to a finding, reported in a 1993 Gallup poll, that 88% of a national sample of the general population reported the salience of their religion as fairly to very important. Acknowledging that the form of his questions was different from the Gallup poll's, Shafranske suggests that psychologists value the religious dimension as much as the general population, although in less institutionalized expressions than the general population.

Shafranske (1996b) cites previous studies (Shafranske & Malony, 1990a, 1990b) that support the conclusion that psychologists were most often raised in families that were representative of the distribution of religious affiliation in the general population. However, "Although most psychologists had been 'raised within a religion,' the majority do not participate within organized religion" (Shafranske, 1996b, p. 156). Shafranske notes that there are no conclusive explanations for this "eschewing" of religious participation.

A positive correlation was found between therapists' affiliation and participation

in organized religion and their use of "religious interventions," such as knowing clients' religious backgrounds, praying with clients, using religious language or concepts, using or recommending religious or spiritual books, or recommending participation in religion (Shafranske, 1996b, p. 158). Conversely, the more negatively the psychologist's view of religious experience in his or her past, the less likely he or she was to use religious interventions.

In spite of finding that psychologists generally turn away from the religion of their youth and hold religion as less important than the general population, Shafranske concludes that "Psychologists appear to value the role that religion serves in human existence. The majority hold religious beliefs and affiliate to some extent with organized religion" (1996b, p. 159). He suggests that future research should identify both the values inherent in psychological treatment and the "effects of implicit and explicit integration of religious considerations within psychological services" (p. 160).

Pamela Cooper-White (2001a, 2001b) studied the connections between religious countertransference and countertransference enactments in terms of ethics and the risk of boundary violations and misuse of power, such as sexual misconduct. She conducted empirical research to compare the understanding, use, and management of sexual countertransference between a group of therapists who had religious training (pastoral counselors) and a group that had no religious training (licensed clinical social workers). Her thesis was that those with religious training would hold at bay, or split-off, their sexual and aggressive responses, and that their unconsciousness of the feelings would leave them more vulnerable to acting out their feelings. She found no significant

difference between the social workers and pastoral counselors and came to believe that she had encountered an under-reporting of enactments and ethical violations in both groups because her findings did not match the statistics for either group. She connects therapists' enactments to collusion with clients based on gratifying narcissistic needs of both practitioners and clients. The relevance of her study to the present study is that participants in this study may have difficulty reporting on religious countertransference that is largely unconscious, especially if there is an implied judgment that their countertransference is negative or forbidden.

Koenig and Larson (2001) report on an extensive review of research related to religion and mental health (Koenig, McCullough, & Larson, 2001). In their introduction (Koenig & Larson, 2001) they cite Carl Jung's belief that "finding a religious outlook on life" was at the core of the problems presented by his patients who were in the second half of life (over 35 years old) (see Jung, 1933, p. 229). In their review of 850 studies in the 20th century, Koenig and Larson found the balance tipped toward the benefit of religion related to mental health:

> Religion does not always promote positive emotions and supportive relationships. It may induce guilt, shame and fear. It can foster social isolation and low self-esteem in those not conforming to religious standards. Religion may restrict and impede personal growth and foster rigid, narrow thinking. For many patients who find their way to psychiatrists' offices, religion may be distorted or used maladaptively to defend against necessary personal change. Nevertheless, *on the balance*, it appears that religious beliefs and practices rooted within established

> religious traditions are generally associated with better mental health, higher social functioning, and fewer self-destructive tendencies. (Koenig & Larson, 2001, p. 72)

Relating this view of religion to treatment, they make only one comment about countertransference, in the context of considering the use of "religious interventions" such as praying with clients. In this context they cite Spero (1981), cautioning therapists about the transference and countertransference problems that can arise when a religious therapist treats a religious patient, and briefly identifying countertransference feelings and behavior the religious therapist may experience toward the patient. Koenig and Larson (2001) also caution therapists about the possibility of "sticky countertransference issues" arising if religion is introduced into the psychotherapeutic setting

Most recently, social work researcher David Hodge (2002b) made a similar study based on statistics about social workers. He made a thorough comparison of the religious beliefs and practices of bachelor and master level social workers and the general public by extracting information from the General Social Surveys cumulative data file (1972-1998). Of the 145 identified social workers, 92 held bachelor degrees and 53 held graduate degrees. Similar to Shafranske's finding about psychologists (Shafranske, 1996b), Hodge found that the social workers, especially graduate level workers, held more liberal beliefs than the general population, particularly in terms of their concept of God and their sense of the authority of religious scripture. However, participants in both studies reported a similar level of practice as the general population, in terms of the likelihood of attending religious services and considering themselves strong adherents of

their faith.

Consistent with the finding of social worker's more liberal beliefs, Hodge notes "a significant shift from Protestant and Catholic traditions toward a present status of 'no religion' or 'other.' Similarly, there was a move away from conservative and moderate traditions toward liberal traditions" (Hodge, 2002b, p. 581). Hodge (2002a, 2002b) uses these data to build an argument that "religious countertransference" biases social workers against conservative and orthodox religious persons, particularly evangelical Christians, especially when the social worker's background includes a similar religion. This argument is controversial and opposed by several authors (Canda, 2003; Liechty, 2003; van Wormer, 2003) who tend toward the conclusion drawn by Shafranske (1996b) that practitioners generally respect and value religion and are open to religious clients' concerns. On the other hand, the findings that, among both psychologists and social workers, a shift away from the religion of one's youth is common raises a question about the potential influence of such a shift on a therapist's countertransference. This question has not been adequately explored. For instance, a question might be asked about whether therapists who have made such a shift have developed a bias against religion, an affinity for religious concerns, a sensitivity for religious struggles, or any sort of leaning toward or away from religion.

Summary

Traditionally the fields of psychology and psychotherapy practice have attempted to be areligious. Many practitioners were trained in the shadow of this tradition and

adopted a persona of conforming to it. They compartmentalized any religious leanings they had (Cohen, 1994), in conformity with the tradition. Or they felt apologetic about having religious leanings and worked to keep them separate from their professional practice (Aron, 2004; Greenberg, 2001; Schultz-Ross, 2001).

Among religious therapists the ethical professional attitude, "do no harm" (Allphin, 2002) and the religious attitude that obligates them to help fellow believers are intertwined. The attitude of "brotherly love" is considered a universal ethic among therapists (Spero, 1981) and among Christians and Jews alike. When the therapist's desire to help a client outweighs the commitment to do no harm, the therapist can intrude upon the client. Religious therapists are particularly vulnerable to being intrusive because their desire to help is reinforced by their religious obligation to help. If the commitment to do no harm outweighs the desire to help, the therapist can be disengaged from the client. Either way, the therapy can become ineffective for the client. Keeping the balance between a desire to help and doing no harm may be difficult for all therapists, but from the perspective of this study, it can be particularly difficult for therapists who have had religious influences in their lives.

Studies show that the majority of therapists have had a mainstream religious background. Among those who have this background, most have rejected the religion of their youth and become areligious or broadened their view to encompass an alternative form of spirituality. A number of therapists have also had religious training, having pursued and/or completed a degree in theology, divinity, or ministry. A few authors (Cornett, 1998; Demorest, 2005) and researchers (Derezotes & Evans, 1995; Joseph,

1988) allude to negative experiences with religion as factors in therapists' turning away from religious pursuits. The reasons for their turning away from mainstream religion are not clear, and there is very little elaboration about these "negative experiences."

The preponderance of the literature in which religion and psychotherapy are considered together is focused on work with religious clients. However, the authors of most of the literature reviewed here, including Spero in his seminal article about religious countertransference (1981), deem their findings and conceptualizations applicable to therapists of non-religious clients and to non-religious therapists as well.

As reflected in the literature, psychotherapists believe that their religious backgrounds give them sensitivity, understanding, and a shared language for working with religious clients. Therapists may have struggles similar to their clients' struggles, such as negative experiences with religious organizations or doubts about the objects of their faith – the deity, the belief system, and the organization. Religious psychotherapists also understand that shared faith, particularly when it is known by the client, can be a source of intense transferences, such as over-familiarity and expectation of special closeness with the therapist or expectation of guidance and direction or of reproof and chastisement from the therapist. The potential for negative countertransference reactions is increased when clients have these projections and expectations.

Countertransference can be particularly intense when therapists have a religious background or affiliation. The therapist's responses can go beyond normal empathic understanding into over-identification with clients or rejection and avoidance of their experience, whether the experiences are religious struggles, encounters with the sacred, or

joys and sorrows. Transference-countertransference responses can include uncanny attunements or knowings and transformational experiences between client and therapist. These and other strong responses between therapist and client can be unsettling. Therapists might speculate about where extraordinary and powerful experiences come from, perhaps from their own intuition, from divine inspiration, or from a client's psychosis. The literature tends to urge therapists to be as conscious as possible of their countertransference and the sense they make of it in order not to enact it, but to understand and make use of it in the intersubjective, potential space of the therapy.

CHAPTER 3: METHODS AND PROCEDURES

The purpose of this study is to explore the countertransference experiences of psychotherapists who come from a strong Jewish or Christian background. The central questions of this research regarding countertransference addresses religious content or phenomena experienced by therapists in the course of their work: What do therapists make of such experiences, do they relate them to their religious backgrounds, and how do they explain them in the context of their work?

Methodology and Design

This qualitative study was conducted using the grounded theory approach (Strauss & Corbin, 1998). In this method, theory is built out of data. This approach is particularly useful when data is of a subjective nature.

The method of data collection was the semi-structured, narrative interview. The model taken for the interviews is described by Mishler (1986). It is an empowerment model: the interviewer and interviewee are engaged in a discourse in which interviewees are encouraged to find their own voices. This is not unlike the "voice" that psychotherapists hope to help clients develop, in dialogue with the therapist, as articulated by Strenger (2002). Using this model, participants' accounts of their experience often resemble stories or narratives (Mishler, 1986; Simmonds, 2004). Researcher and participants become collaborators in constructing meaning of questions and responses in both the contexts of the participant's personal experiences and of the

interview interaction. This method seemed particularly relevant for the subject of this research involving therapists' subjective experiences such as perceptions of the influence of their religious backgrounds. This method is also useful when participants either have not previously given the topic much thought or when they have not had opportunity to talk about their thoughts, which was anticipated to be the case for participants in this study. Questions raised in the course of this type of interview can inspire reflection and prompt creative thinking.

The approach to analyzing data for this study was the "constant comparative method" recommended by Strauss and Corbin (1998) and attributed to Glaser and Strauss (1967). This method entails examination of the data to identify patterns and to compare differences and similarities between interview participants. Strauss and Corbin refer to the data collection that takes place on the basis of constant comparison as "theoretical sampling" (Strauss & Corbin, 1998). Beginning with the first interview, the phenomena emerging in the interviews are compared and used to build theory and to modify future interviews. Based on data analysis, the interview guide is modified in order to enrich the categories, and final selection of participants who would be most likely to provide information-rich data is guided by comparative analysis of the data emerging in the initial interviews.

This process of analysis calls for a close reading of interview transcripts in order to identify categories and subcategories of data. Along with the careful analysis of the narratives generated by the interviews, the researcher employs creative reflection as an analyzing tool in order to maximally appreciate the depth and breadth of content in the

data and to begin to build theory. Interviewing continues until each category is "saturated" or filled in; that is, there are no new categories, properties, or dimensions emerging (Strauss & Corbin, 1998).

Validity and Reliability

In narrative-based, qualitative research, the terms "validity" and "reliability" retain their ordinary meanings having to do with the groundedness of data collected and of conclusions drawn. "Reliability in narrative study usually refers to the dependability of the data, and validity to the strength of the analysis of the data" (Polkinghorne, 1988, p. 176). The researcher is the primary instrument of investigation in qualitative research. That is, the researcher is both the interviewer in the data collection process and the interpreter in the data analysis process. In both Mishler's (1986) and Strauss and Corbin's (1998) views, the narrative interview is held as a reliable means of collecting relevant data. An interview contains stories that are cast in the context of dialogue between the interviewer and the interviewee. According to Mishler, the narrative interview elicits reliable data that is richer than that elicited by traditional, qualitative methods of data collection because the interviewee is not alienated by the process. He or she stays close to his or her experience and is empowered to tell relevant stories.

The point is not to claim that the research represents or arrives at *the* truth. According to Mishler (1986), the validity of interpretations of the data depends upon the care and rigor with which the researcher applies analytical coding processes of categorization and comparison. According to Strauss and Corbin (1998), sensitivity,

flexibility, and the ability to think both abstractly and creatively are also important characteristics of qualitative researchers who hope to produce valid results using the grounded theory approach. Accordingly, the data collected in this study was subjected to close scrutiny and creative thinking in order to accurately represent the experiences explored by the participants.

Sample and Participants

Nature of the Sample

This study employed a sample of participants, selected "purposefully" for their anticipated ability to supply material relevant to the experience being studied (Patton, 1990). As suggested by Strauss and Corbin (1998), in the interest of managing the accumulated data using the grounded theory approach, a small number of participants was used. The aim was to limit the sample size to between five and eleven participants. Sampling continued until a comparison of collected data yielded no new categories, and the categories were "saturated" in all the dimensions and properties pertaining to them (Strauss & Corbin, 1998). The final sample for this study consisted of eight participants.

A maximally varied sample was chosen in order to supply both variation and diversity to the pool of information gathered (Patton, 1990). Thus, for the purpose of gathering data that would shed light on the central question of the therapists' experiences of their religious backgrounds in the course of their work, variation and diversity in the sample in terms of such demographic factors as age, gender, and ethnicity were considered. The sample included two men and six women, with ages ranging from thirty-

five to seventy. Regarding their race or ethnicity, the participants were Caucasian including one Semitic.

Criteria for Selection

To be included in the study, participants had to be experienced, psychodynamically oriented psychotherapists who identified themselves as having had a strong Jewish or Christian background. "Experienced" meant therapists who had been in practice for at least ten years. The strength of the religious background was self-defined. It was anticipated that participants might define a strong religious background in terms of its emotional or psychological impact on them and/or in terms of its impact on their personal or professional life, including their choice of profession. Whether or not they considered themselves currently religious, they were to be therapists who did not advertise themselves professionally as spiritual or religious therapists and did not work in faith-based settings. They would consciously subordinate any current religious views to their professional role in the course of their work. As part of their self-definition, therapists' interest in reflecting upon the intersection of their religious backgrounds and professional experiences was considered important.

I was particularly interested in finding participants among practitioners in the Central Valley in California for two reasons. First, since I live and work in the Central Valley, interviewing here was relatively convenient for me. Second, since few studies are conducted in non-urban areas such as the Valley, it was assumed that this area might prove to be a source of "information-rich" participants (Patton, 1990). However, if

enough participants had not been found in this area, recruitment efforts would have been extended beyond it. In addition to setting this study in the Valley as far as possible and selecting therapists who had a religious background, the intention was to maximize variation among participants by not controlling for such demographic variables as gender, age, ethnicity, disability, or sexual orientation. Recruitment was focused on the professions licensed to practice psychotherapy in California – psychiatrists, psychologists, clinical social workers, and marriage and family therapists.

Recruitment

Participants for this study were recruited by contacting colleagues and selected health care professionals. Letters were sent to 152 licensed mental health professionals in three California counties: Merced, San Joaquin, and Stanislaus. The letter (see Appendix A) described the research and asked recipients to indicate their own interest in participating or to recommend possible participants to me. Potential participants were invited to contact me by telephone or email. Had sufficient numbers of participants not been recruited in this way, advertisements (see Appendix B) would have been submitted to the statewide newsletter of the California Society for Clinical Social Work (CSCSW) and the Central Valley regional and local newsletters of CSCSW and of the California Association of Marriage and Family Therapists. This was not necessary since the letters generated contact from fourteen individuals who expressed interest in knowing more about the proposed study. In the initial telephone contact it seemed that all of these individuals met the criteria for the study: they had a religious background and had been

practicing psychotherapy for over ten years.

Potential participants were sent a letter (see Appendix C) describing the research and its methodology. Included with the letter were an informed consent form for potential participants to review (see Appendix D) and a request for demographic and religious background information (see Appendix E). From this follow-up, one person did not return the requested information. When their written materials were received, it was evident that of the thirteen who returned the materials, two were not suitable because of their identification as Christian counselors, and two were too well-known to me. The remaining nine potential participants were selected for inclusion in the study, and were called to set up a time and place for an interview. One excluded herself at this point in the contact. Thus eight psychotherapists were interviewed: two men, six women, four Marriage and Family Therapists, two Clinical Social Workers, and one psychologist.

Data Collection: The Interview

Data for this study was collected in open-ended, semi-structured interviews, which were approached as discourse between two persons (Mishler, 1986). This type of interviewing is considered the most relevant for data collection in a study that is designed to explore subjective experience, which in this case is the impact of the therapist's religious background on the therapist in the course of the work. According to Patton, "open-ended interviewing" is particularly useful when the interviewee's experience has not been articulated previously (Patton, 1990). Using this method, it was anticipated that the interviews would generate information-rich narratives that would illuminate the

subject of the research, which was the case in this study.

Procedure

Each participant was interviewed for approximately one to one-and-one-half hours in a private office at the convenience of the participant. Each interview was audio recorded and transcribed. Before beginning the recorded interview, the purpose of the study and issues of confidentiality were reviewed with the participant (see the Interview Guide, Appendix F), and participants signed the Informed Consent Form (see Appendix D). They had received a copy of the form for review prior to the interview. To begin the interview, participants were invited to talk about their thoughts about the research topic. Using active listening skills and following the participant's lead, I asked questions related to topics from the Interview Guide (see Appendix F), which was used as a guide to remind me of areas related to the research that needed to be introduced.

Topics of the Interview Guide

Topics and themes that were used to guide the interview included the therapist's religious background, religion as it comes into the work, meanings attributed to therapists' subjective experiences in the course of the work, and religious countertransference.

The Therapist's Religious Background

The purpose of this topic was to draw out the participant's experience of religion

as a source of life experiences from childhood and beyond. This invited an account of the "religious narrative," which Hoffman (2004) has described in the lives of the major theorists Winnicott and Fairbairn, whose religious backgrounds, she suggests, had an impact on the development of their theories. She recommends that inquiry into the "early religious narratives" of other theorists would yield fruitful information (p. 797). While her proposal is related to theorists, my proposal was to inquire about the impact of early religious narratives on practitioners. Starting with the story of early religious experience, the trajectory of the religious life and its influences on the personal life of the individual was explored. This area of exploration included asking participants to reflect on their current conscious attitudes toward religious experiences.

Religion as Therapists Experience It in the Course of Their Work

This topic area was aimed at inquiring about any experiences containing recognizable religious content that participants might have had in the course of their work. It was anticipated that such experiences might match those discussed in the literature and by some of my colleagues and myself: spontaneous occurrences of religious content, such as lines of scripture, melodies or lyrics of hymns, scenes from biblical stories, and moral teachings that come to mind when sitting with clients. While I have experienced these as part of pleasant reverie in relation to clients, others might have experienced them as disturbing, disruptive, or intrusive. The literature refers to moments of poignant emotions (such as despair and awe), unusual sensations, and extraordinary images (Samuels, 1985, 1989). These poignant, unusual, and extraordinary experiences,

including a sense of "crisis" in the therapist, are particularly well described when religion is in the equation between the therapist and client (Spero, 1995). While these experiences may be pleasant, enlightening, and even transformative for the therapist, they may just as well be negative, uncomfortable, and disturbing. This area was designed to explore whether the therapist with a religious background has had any of these affective or kinetic experiences, whether or not religion is an acknowledged aspect of the therapist's or the client's current life.

Participants were also asked to consider perceived advantages and disadvantages of having had a religious background, such as having special sensitivity and a depth of understanding or, on the other hand, having significant restraints on their openness and receptivity or any sense of avoidance, fear, or discomfort. This area of questioning was designed to include the exploration of potential biases against and tendencies toward intense interest in religious content, concerns, or clients.

Meanings Attributed to Therapists' Subjective Experiences in the Course of the Work

This topic relates to the previous one in that when a participant has had a poignant or extraordinary cognitive, affective, or sensory experience or is aware of having biases or special interests in religious matters, a question would be asked as to the associations, attributions, and meaning the therapist ascribed to those experiences and attitudes. There are many possible sacred and secular meanings a therapist could attribute to these experiences. For instance, they could be explained by psychological theories, by social, cultural, or political views, or by existential or religious philosophies, values, or beliefs.

The meanings and connections participants would make between their early religious experiences and their inner experiences in the course of their work would be of great interest.

Countertransference

The term "countertransference" was not to be introduced early in the interview. However, it was intended as an area of inquiry into how the participant sits with his or her experience when there is any experience attributed to religious content or connection in the course of the therapist's work. Whether initiated by the participant or myself, this topic was intended to stimulate reflection about how the therapist's religious background works in the unconscious to inform, influence, or otherwise affect the therapist in the work.

Closure

Near the close of the interview, participants were asked whether there was anything they felt had been left out of the interview that they would like to add. They were also asked about their experience of the interview. At the end of the interview, participants were thanked for their contribution and reminded of my willingness to follow up with them, to answer any questions that might arise for them, and to send them a summary of the results of the study.

Data Analysis

The material generated by the interviews was analyzed using the "constant comparative method" that is inherent to the development of "grounded theory" (Strauss & Corbin, 1998). When using this method, data found in the interviews is analyzed and compared from the time interviewing begins and throughout the process of data collection and beyond. This form of analysis not only captures the subjective experience of the participant, but also incorporates the subjectivity of the researcher. The researcher's openness to her own creative imagination in the process of conducting thorough and thoughtful analysis contributes to the generation of theory grounded in the data.

Analysis of data began with the first interview. In order to engage fully with the material from the beginning, I noted my initial impressions and responses after each interview. I listened to the recorded interview, taking note of emerging themes. All interviews were transcribed for in-depth review. I reviewed each one for new themes and for similarities and differences between themes. Consistent with the constant comparative method of data analysis, I used this initial review to modify my approach to subsequent interviews. When no new themes emerged, the categories of data were considered "saturated" and no new interviews were conducted.

Initial data analysis in the grounded theory method is called "open coding," a process by which the voice or text of the data is opened up to speak for itself. In a microanalysis of words, phrases, and sentences, conducted particularly on the first interview transcript, "data are broken down into discrete parts, closely examined, and compared for similarities and differences" (Strauss & Corbin, 1998, p. 102). Emergent

themes are identified as concepts, which are labeled as categories. Categories and sub-categories accumulate as the researcher questions in various ways what it all means. Working closely with the data, categories are further broken down into their characteristic "properties" and "dimensions," which are defined as follows: "properties are the general or specific characteristics or attributes of a category, dimensions represent the location of a property along a continuum or range" (Strauss & Corbin, 1998, p. 117). The open coding method was used, especially at the beginning of data analysis, in order to delve deeply into the information available in the interviews.

While the data is taken apart by open coding, it is put back together using a method called "axial coding" (Strauss & Corbin, 1998). In this process, subcategories are related to categories as if the category forms a central axis around which the lines of properties and dimensions can be drawn and data plotted in order to conceptualize relationships between categories and their subcategories. The purpose of axial coding can be stated in various ways: to conceptualize the meaning of the data, to hypothesize about phenomena observed in the data, or to begin to explain what the researcher is finding. In order to fully develop each category, open and axial coding of the data was continued simultaneously through the interviewing period.

A "selective coding" process was used to integrate and refine categories (Strauss & Corbin, 1998, p. 143). In this integration process, the researcher seeks a central or unifying concept around which all the categories can be arranged. The central concept becomes an overarching theory or schema that is sufficiently abstract and refined to logically and consistently account for commonalities as well as variations in the data.

Strauss and Corbin (1998) state that, "Once a commitment is made to a central idea, major categories are related to it through explanatory statements of relationships" (p. 161). If a significant gap is recognized in the process of developing these explanatory statements through selective coding, then "theoretical sampling" will continue in the form of carefully selected interviews. The process of selective coding and theoretical sampling was followed in order to arrive at a theoretical statement that would offer a valid explanation of the data.

Presentation of Findings

A statement of the findings includes a narrative presentation of the central themes into which the data has been refined. Each thematic category is then described, and examples of statements directly from the data are reported to further demonstrate the findings of the study. Participants' privacy and anonymity is safeguarded – that is, only enough information is revealed to illustrate categories, themes, and variations found by the study.

A discussion of the findings is presented in the final chapter of this dissertation. In it the central hypothesis, grounded in the data, is discussed in terms of its relevance to the research question. This discussion illuminates the interplay between a therapist's religious background and his or her subjective, countertransferential experiences in the course of professional work. The hypothesis refined from the data is discussed in relation to current theory and literature on the subject. Variations and deviant cases are discussed, and limitations of the study are addressed.

CHAPTER 4: FINDINGS

This exploratory research studies the countertransference experiences of psychotherapists who come from a Jewish or Christian background. The central research question regarding countertransference addresses therapists' subjective experience of religious content or phenomena in the course of their work. In light of their religious backgrounds, what do therapists experience and how do they think about their experiences of religion vis-à-vis practice?

The participants narrowly conceptualized countertransference as particular reactions that are a combination of the responses aroused in the therapist by the client and the therapist's material. They spoke about experiencing countertransference as an emotion that threatens to pull them out of the proper role of the therapist, as a source of information about the client, and as an opportunity to learn something about themselves. In addition they described attitudes, reactions, and interventions, including self-disclosures, that indicated sources and forms of countertransference as defined in this study. It is defined as "the totality of the therapist's experience in relation to a particular client" (Grayer & Sax, 1986). This view considers countertransference to be all of the therapist's conscious and unconscious experiences including affective, visceral, cognitive, inchoate, and uncanny responses in a transference-countertransference relationship. These forms of countertransference include "attitudes" that are the constant state of the therapist and "reactions" that are temporary disruptions to these attitudes (Stein, 1984). Behind the forms of countertransference are sources of countertransference that influence, affect, or contribute to these forms.

Description of Participants

Eight psychotherapists in private practice were interviewed. They will not be described extensively, in order to preserve their privacy and anonymity, but their religious communities, past and present, will be identified. All of them practice in central California. Two are men; six are women. Two hold doctoral degrees; one is a licensed psychologist; five are licensed marriage and family therapists; and two are licensed clinical social workers. Three were Roman Catholic in their upbringing; two were Presbyterian whose families had roots in an Eastern Orthodox Church, one of whom found her way back to it; one was Baptist whose family had Mennonite roots; one was Jewish; and one, from a nominally Protestant family, chose Catholicism in adolescence. Each one described a religious and spiritual journey that has come into play in their subjective experience in professional practice. For the most part the individual's religious trajectory has been a process of differentiating oneself from the religion of one's youth while cultivating a spiritual aspect innate to it.

Three of the participants have adhered to the essence or spirit of their religious traditions, but have dropped some of the religious practices and affiliations. In particular the Jewish person holds that the religion and culture of her youth are integral in both her personal life and professional practice to this day, even though she does not adhere strictly to the religion as practiced by her family of origin. She attributed her "strong sense of self" to her background: "I have a very strong sense of self. But part of that strong sense of self comes from my own religious beliefs." She directly related this sense of self to her confidence and sense of competence as a counselor. Likewise, two of the

Catholics said that they hold dear the religious traditions of their youth, particularly the liturgical ritual and symbols of worship, although they have supported the Church less since it has taken a conservative turn in the past 40 years, post Vatican II. They have also modified their beliefs and practices as they have matured. As one of them said, "I realized how attached I was and am to the liturgy, to the form of worship. It's just terribly meaningful to me. It still remains . . . emotionally meaningful to me. . . . I always knew that I felt comfortable there." The other explained that "the Mass" became very personal and important to her; she enthused, "we live the Mass" and "we live the gospels" in her current family life, though they do not attend services regularly.

Three of the participants have digressed significantly from the religion of their origins. They have developed along unique spiritual and psychological paths. The main characteristic of one participant's development is a strong interest in the development of human consciousness that she attributes to having been given a "language" by her religious background. Her background in the Catholic church includes eleven years in a monastery. She characterized her experience there as getting "deeper into the contemplative or mystical tradition in the Catholic church" and as "a very introspective kind of inward way of life" that gave her "a very rich language" for thinking about humanity and for sitting with clients in a deeply perceptive way. For another participant the main characteristic of her development is "coloring outside the lines" of her relatives' fundamentalistic religious views. She said that her family has "taken [her] to task," but that she is content with the position she's come to, which is that "There is no one absolute answer for everybody. It's very individual." For another participant the main

characteristic of her spiritual development is the continuity of having a life-long faith and an embodied spirituality that is an outgrowth of her love of music and dance, which is connected, in part, to her love of church music. She said that she does not attend church because she feels that she doesn't "belong there" or "fit in" because of the liberality of her current beliefs, but she lamented that she misses "worshiping" together with other people and "especially the music."

For two participants their adult religious development was largely motivated by what was missing in their childhood religious background. While neither of them explicitly stated that something was missing, it can be inferred both from their statements comparing early religious experience and their religious pursuits as adults. Interestingly, both of these individuals found refuge in the Catholic church in their youth, and both have adopted traditional and conservative forms of Christianity. Both seem to have been pulled toward a more meaningful religiosity than they experienced in the churches of their childhood. One of them contrasted the immobility of the people in the pews and blandness of liturgy of her family's "home church" to her sense of "coming home" to an Orthodox Church that is the embodiment of religion as both sensual experience and moral discipline. For the other participant the impetus for finding what was missing in his religious experience was combined with his family's "drama." He stated about finding his church home, "I come from a lot of drama, and here [in the church] was a whole bunch of families that knew what to do." The appeal to him of the conservative, traditional Protestant denomination has to do with his pursuit of a sense of order and simplicity, which he has found there, along with a sense of purpose and meaning to life, and "joy" in

a relationship with God.

While this participant has a religious identity connected to the setting in which he works as a psychotherapist, and two others have religious affiliations that are known by some of their colleagues and clients, in general the participants carry their faith and religious background invisibly within themselves. In the course of the interviews they described the occasional ways their faith is disclosed or known to clients and colleagues.

Overview

Overall, participants were eager to tell relevant stories from their childhoods and cultures related to their early religious backgrounds. They willingly talked about their currently held beliefs, values, and struggles and related their religious backgrounds and current attitudes to professional practice. In various ways, they all expressed their current faith as integral to themselves as individuals and inseparable from themselves as professional persons.

Early in each interview most of the participants readily outlined their formal education and training, told stories about their religious development, and related the relatively concrete ways that religion comes into their work with clients. Participants readily shared examples of useful interventions that they believe are related to the themes of religion and spirituality. These interventions include the judicious and strategic disclosure of their current and past religious and spiritual views and experiences. As each interview progressed, the participant increasingly explored the more obscure and private area of inner, subjective experience. Several of them included accounts of uncanny or

unusual experiences in their private lives and in professional practice, expressed strong feelings, or uncovered struggles and biases in the course of the interview. Finally each one commented on countertransference and experiences that might be considered religious countertransference.

At the outset of this study, the term "religion" included the potential for negative experience, but the term "spiritual" was cast entirely in a positive light. As data were gathered and findings emerged, it became clear that a broader conceptualization of the spiritual was needed. A broader context incorporates a Jungian perspective that includes a dark and potentially dangerous side in the shadow of a spiritual archetype (Corbett, 1996; Jung, 1951/1969; Lammers, 1994). In this regard, the findings include some data that is potentially disturbing in the accounts of participants who describe encountering something spiritual. They indicated that they can tolerate whatever comes into the therapy because they have had their own spiritual experiences, both positive and negative, and these experiences have ultimately strengthened their faith.

Several participants expressed appreciation for the opportunity to tell their stories in a professional setting (the interview), expressing regret that the religious or spiritual aspect of their clients, their work, and themselves in particular are so rarely discussed among psychotherapists. They believe that a great deal could be learned from such discussions.

The main theme that emerged from the data and that forms the core category of the findings is the centrality of faith for each participant. The word "faith" will be used inclusively to refer to the element of faith as participants spoke of it, in terms such as

religion, spirituality, and relationships to God, church or temple, and ritual. Around this core category, other categories can be arranged as if tethered to a central axis of faith. The other categories that emerged from the data include countertransference that is related to the participant's religious backgrounds and current faith, currently held beliefs and values that affect the therapist in practice, and religion-based biases, struggles, and conflicts that affect the therapist in practice.

Faith as Integral and Inseparable

Faith is experienced as integral to the participants' personal identities and as inseparable from their professional identities and work. It is as if the participants are steeped in their faith, saturated by it, or infused with it.

Faith Described as Integral to Identity

One participant spoke explicitly of religion and being religious as integral to who she is personally and professionally. She began her remarks in the interview with a statement about being religious as follows:

> When you asked me to participate I was thinking about how my religion affects how I do everything. And I'm not sure how I can separate it because I'm very religious, I'm very Jewish. And so, I as a counselor, I guess, am very religious.

She attributed her being religious to her upbringing and described it in terms of being connected to God:

> Growing up Jewish, I'm Jewish. And when I'm in the room, I'm Jewish and that

means God is always with me. It isn't like this phantom that I'm seeing like a schizophrenic or something. It's just that I know the connection is always there.

She further described being "culturally Jewish. I mean, I do my Sabbath and I light my candles and I do all that stuff." Even though she does not attend services at the temple regularly, she concluded about her Judaism, "It's just much more how I breathe." Late in the interview she exclaimed, "God, I didn't realize how religious I am!" No one else spoke as explicitly about being "religious" as this participant, although they did all claim their faith as part of who they are personally and professionally.

Another participant described her "spirituality" as integral to who she is. She attributed her spirituality and her professional identity to her religious background, a Catholic upbringing and an "inward way of life" in a monastery, in the following statement:

> I think . . . my spirituality is, I can't see myself, or my practice apart from it because it's been so much a part of my life for so long. My spirituality has really evolved. I grew up Catholic. My parents were involved with the church. . . . We had a really close relationship with the parish priest, the pastor. And then I entered a Catholic monastery when I was 17, right out of high school.

She did not explain what she meant by "spirituality" but indicated that it is outside the church even as she gave the impression that spirituality is an outgrowth of her religious roots. She said that when she "left the church . . . there felt like a continuity in terms of kind of my spiritual life."

Another participant spoke about a relationship with God as "a daily struggle." His

experience of faith is more difficult to describe as he seemed to struggle to describe his relationship with God. I believe his difficulty was complicated by several factors, including his experiencing my questions as obstacles to his fully representing himself in a harmonious flow, his not wanting his God to be reduced to a concept or to an objectifiable entity, and his not wanting his faith or himself to be reduced to a label. I am quoting extensively here in order to convey my understanding of his "struggle."

P:[5] There is peace and some harmony that comes with service, understanding that I am not capable of understanding the total purpose of all of this. But I do get, I'm less anxious; I'm less caught up in, quote, the world system, and I'm much freer. . . .the more I attach. . . . to the struggle with God. And to me, it's a struggle . . . it's a daily struggle.

I: It's not a negative thing?

P: No, no. It's a positive. It's a relationship. . . . It's this personal struggle that I have daily about finding purpose and meaning and proper order and being true and honest and yet still being a good citizen.

This "daily struggle" seems to be a form of faith that is integral to him.

Two Catholic participants expressed the centrality of their religion in terms of their relationship to the church, the ritual, and God. One said, "I'm terribly serious about going to church and Mass and stuff." In fact tears welled up in his eyes during the interview as he expressed the thought that he might need to separate from the church,

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[5] "P" will be used to designate the Participant and "I" will be used to designate the Interviewer whenever both are quoted.

specifically from the liturgical ritual known as "the Mass."

> You know, it's not God that I worry about losing; it's the church I have this ambivalent relationship with and am far more fearful of. And it's not intellectual . . . it's kind of emotional. . . . Also that I may be the last . . . I may not stay with the Catholic church. My children are being raised Catholic, but . . . it may end with me. . . . There may be a point at which I can't stand it.

He explained, "You know, it may be impossible to go forward . . . if the church continues in its current trajectory, which is very conservative." Leaving the church would be a loss for him personally, and his loss would be heightened by his sense that it would be the end of an era. He said, "This 1600 year lineage may end with me."

The other Catholic participant talked freely about her faith as a lived practice and about relating directly to a God figure, "the Holy Spirit." In her opening statement in the interview she expressed it as follows:

> I was thinking about that this morning, since we talked about, about getting together, and doing this interview. And, you know . . . usually when I meet with someone I'll try and do some type of preparation; I was thinking, "This is just the kind of thing you cannot prepare for." . . . This morning I was thinking about it and it's Good Friday so we're doing this on a very holy day. And I was thinking, I was just kind of counting on the Holy Spirit to kind of help me. . . . I don't really think about it that much. I probably live it, without thinking about it so much.

Throughout the interview her expressions of living the Mass and the gospels were indicative of the integration of her faith. She said of her family, "We do live the Mass in

our life," even though they do not attend mass regularly. For her, speaking about the Mass as "personal relationship" is one way of talking about her relationship with God: "It's a community celebration, but there's also very, very personal relationship. There's a very personal part going on during the Mass, you know, and of course receiving the sacrament and the Eucharist . . . that's very personal." She also spoke of living "the gospels" and how that is an underlying, innate process in her life and her practice from which she thought it would be unbearable to be "unplugged."

Another participant referred explicitly to faith as integral to herself and as a spiritual part of her life. She said, "I've always had faith, always. But as I've grown older, with different happenings in my life . . . that have evolved and are evolving, my faith just is strengthened." She did not elaborate on events that have strengthened her faith. She added that "Although I don't go to church . . . the spiritual part" of her life is important to her. She emphasized the importance of the "spiritual part" of her life in a statement about how empty anyone's life would be without a religious upbringing and current faith, a sentiment similar to that of the participant cited above who thought it would be unbearable to be "unplugged" from "living the gospels." She attributed her faith to her mother's modeling faith, to church teaching, and to Bible reading and reiterated that it has been strengthened by life experiences. She spoke of her mother as the model of faith, describing her as "kind, and generous and considerate" as follows: "My mother was a devout Christian. I mean, she was . . . the most spiritual person I have ever met. She really lived her faith. . . . She was very real." She attributed the fullness of her faith to her mother's example saying, "There was . . . very little false about her, and she lived her life

. . . according to Christian teachings." In the following quote, she states that her faith has developed into a belief in an inner path within herself and, by extension, in every person.

> I guess, intuitively I realized there is something important in all of this in the church's teachings, and in the Bible, but I . . . for whatever reason, I had faith. Now, that doesn't mean that there wasn't ever any doubt . . . they go together. But it's just that as things happened in my life, I could, later on, realize that there was some kind of pattern emerging, or a path emerging here, and that if I could have faith in myself, and listening to whatever was emerging, that, that strengthened me, and it kept reinforcing my, my beliefs.

It is apparent that her faith has evolved into a belief in a deep personal and transpersonal Self, which is consistent with her identification as a Jungian. She listens for the emergence of this self both in herself and in her clients.

Another participant said that her "spirituality . . . has been so much a part of [her] life for so long" that as she said, "I can't see myself or my work apart from it." Like the participant quoted above, she attributed her faith to the example her mother set. This participant described a spiritual encounter surrounding her mother's death which strengthened her "spiritual relationship." She was 16 years old when it occurred:

> One of the things that really has anchored me to my spiritual relationship was I was alone when my mom was dying. . . . I was alone with her, and when I realized this was really happening, because, I'd lived with that prospect that she wouldn't live a full life. . . . I realized the gravity of what was happening, and I ran around the corner to my bedroom, and I was kind of casual about my faith. And my

> brother told me later that my mom worried about that. But for kind of one of the first times, I was on my knees begging God to make it okay. And I've never had this experience before or since, but I felt like somebody put their hand on my shoulder, and I felt like if I reached back, I would touch substance. And the words were real quiet, and it was, "No, but it's okay. It will be okay." . . . I begged Him to make her live, and it was like, "No, but it's okay." And there was this just incredible peace that flowed through me, and I went back, and I stayed with her until it was over. . . . She talked to me and told me I was a good girl, and she was proud of me and to take care of the family, especially my sister. . . . And then she shifted to talking to God. You know, it was like, she was talking to God. And until she, she couldn't talk anymore because of the breathing. And that was just a real profound experience relationally and spiritually.

For another participant, faith is integrated as an embodied religion. She spoke of faith, religion, spirituality, and divine liturgy, and about both the sensual embodiment of religion and the discipline of religion, which she has experienced as "a spiritual awakening and transformation" in the last few years. She provided a long, detailed narrative of her development starting from a bland Protestant background that was bereft of any physical form of worship and ending in her adoption of an Orthodox Christianity. She noted the physicality of the form of worship in her present church; it is full of sensual experience: movement, music, and incense. Though she did talk about the value of surrendering to the process of therapeutic work, just as she had surrendered to the process of spiritual transformation, she did not express any way in which the mystical or physical

aspects of her religious experience affects her in the course of her work. She did not draw a parallel between kinetic religious experience and her current psychotherapy practice in spite of dance being one of the roots not only of her attraction to the orthodox form of worship but also apparently of her chosen profession in that she is a registered dance therapist. She refers to herself as "a dancer and a mover." Although she did not talk about the connection, it would be difficult to imagine that her embodied subjective experience is not as much a part of her work as it is a part of her religion.

Faith Described as Inseparable From the Professional at Work

Some participants made additional statements that indicate the inseparability of their faith from their identity as therapists. Several made brief, explicit statements about their faith as related to their being a therapist. One said simply, "I think . . . my spirituality is . . I can't see myself, or my practice apart from it because it's been so much a part of my life for so long." In the same vein, another said,

> When you asked me to participate I was thinking about how my religion affects how I do everything. And I'm not sure how I can separate it because I'm very religious, I'm very Jewish. And so, I as a counselor, I guess, am very religious.

Later in the interview she declared that she is "comfortable . . . being Jewish." She continued, "It's not anything I would ever apologize for because it makes me a better counselor, from my point of view." Connecting her profession to faith, one participant put it this way:

> Just the very reference to the religious or spiritual background and the profession,

> my immediate response was, "Well, yes, absolutely." Because I know if I didn't have the faith and the beliefs that I do, I probably wouldn't want to stay in this field. I mean, I like to help people, and I care, but sometimes just the gravity of the pain and the grief and the struggles. I've always thought that if I didn't have hope and faith in something more, where would I take people, and where would I go myself?

Her depiction of her "faith in something more" indicates the inseparability of her faith from her identity as a therapist and the way she works. She referred to this faith in the context of her belief about the spiritual as an element of her practice: "There's all the training and the experience, but then there's something more that feels very spiritual."

One of the Catholic therapists, who compares the psychotherapist's role to a "ministerial" or priestly function, indicated in the following statement that the aspect of faith that is most inseparable from his practice is his valuing being charitable:

> I wouldn't be doing this unless I really believed that, that charity and being kind to people was important. . . . It wouldn't make sense to me. . . . I have to feel affection for people. I have to sort of feel, I have to want to be charitable. That's a very religious thing to me. That's the core . . . of my theology, in a way.

The Catholic participant who indicated that "living the gospels" is an "underlying process" in her life said that this current of faith is inseparable from the course of her work:

> It's such a part of who I am that I don't think it could not be a current. . . . It is so much present in my life that I would not be able to shut it off for counseling, if I

> wanted to . . . I'd become someone that I wasn't, I think. So, it's very present. . . . It would be like being unplugged, that part, that's interesting to think about. If you could unplug that part of your brain so you suddenly didn't have it, I wonder what that would be like. That would be weird. That would be very strange. I know I wouldn't like that. . . . I wouldn't even want to be, you know, I wouldn't want to be in the world. Why would I? Because that's such an important part, that's, to me, that's why we're here and that's very important.

The Jungian therapist expressed her belief about the inseparability of the spiritual from the professional almost as an admonition about how to be a "good therapist":

> I think in order to be a really good therapist, and one never reaches that, you know, obviously, but to be as good as you can, I think one has to . . . develop one's spiritual side. Otherwise what you bring to the hour is missing an important component, of life.

When asked about the spiritual in relation to his work, another participant expressed unequivocally the inseparability of spirituality from work: "It impacts nothing and everything that I do. . . . It's all who I am, and so, when somebody walks in here, and you might find that even my therapy is, is different than some." He described wanting for others what he wants for himself: proper order and a peace that is inherent to that order. He put it this way:

> I mean for me, they will meet my Jesus; they will meet my God . . . they will meet that peace in their life that answers all of this and gives them a center of who they are. And then all of the stuff that seems to be big now will take its proper order.

He qualified this statement about meeting Jesus and God saying that it is "in God's time" and "may never happen here" in the course of therapy. In other words, he does not introduce the idea to his clients.

Religion Is Differentiated From Spirituality

Most of the participants described moving toward a more liberal expression of their faith but did not abandon religion altogether. Although they became less involved in church doctrine and threw out the restrictions, a process which they see as part of their maturation and development, they maintained a spiritual identity that informs their practice and motivated their participation in this study. All but two of the participants indicated in some way that their connection with God is the spiritual. One person described the distinction between religion and spirituality:

> I see all the dos and don'ts, all the rules as religion. The spirituality as being our personal relationship with God and that takes a broader spectrum and is very personal and private and intimate or can be. And I think a person can have religion and go through all the motions, all the rituals and rules and not have that bond . . . with God.

The distinction between religion and spirituality is made by separating the church institution from some inner place of experiencing. As stated by another participant: "I kind of want to keep it in a perspective, but in thinking about that . . . it isn't about religion or God, it's about the church. It's about the authority of the church. . . . That's really what I'm afraid of, more than God." As he explained that for him God has more to

do with the spiritual than with "religion as embodied by the structure, by the institutional church," and added, "I'm really struggling with separating church religion from spirituality." He concluded, "Religion in churches kind of run[s] . . . interference with spirituality. . . . Ritual is an access to spirituality to me. Authority is not; dogma is not." Another expressed her sense of the distinction between religion and spirituality as follows:

> For someone who is really connected to a particular denomination and is active in it, I don't think, for them, there is a distinction. . . . but I think there is a distinction, because I think there are a lot of things that go on in churches that [are] unchristian.

While others did not state this position as explicitly, they all likewise held that the spiritual aspect of religion is the essence of it.

Sources and Forms of Countertransference Experience

Participants did not initially make explicit connections between their values, struggles, biases or dilemmas and countertransference, even though it could be inferred that these are always potential sources of countertransference or contribute to various forms of countertransference. In fact, countertransference is not a topic the participants initiated. Only one person used the term "countertransference" before it was introduced by the interviewer, though when it was introduced all the participants recognized the concept and gave examples of "religious countertransference." In addition to the examples identified by the participants, a number of examples of sources and forms of

countertransference were observed in their descriptions of their experience of their work, i.e., their experience of themselves in relationship to the practice of psychotherapy. These observations are based on the definition of countertransference taken for this study as "the totality of the therapist's experience in relation to a particular client" (Grayer & Sax, 1986), which includes all of the therapist's attitudes and reactions, both subjectively experienced and outwardly expressed. Sometimes the participants described overtly countertransferential material in relation to a particular client, and sometimes they were describing life experiences that make them who they are, which is a condition or state within the therapist that sets the stage for them to have a subjective experience of countertransference. In this section will be presented the forms of countertransference, both attitudes and reactions, identified by the participants and observed in the data as well as sources of countertransference related to their faith. The sub-categories are values conflicts, self-disclosure, interventions and technique, images: gospel stories and sayings, use of faith, crying and other visceral responses, and feeling gratified or feeling blocked.

Values Conflicts

A number of participants spoke about reacting to clients, their process, and their material in ways that indicated values conflicts that could set the stage for countertransference attitudes and reactions. Some of these are conflicts between religious values and professional values. One participant spoke specifically about the conflict she experiences between her religious values and the values she formerly held in professional practice. She said that in the past her attitude was as follows: "Wherever people are, and

whatever they're doing is . . . that's their business, and I'm here to just support them. And I think, in some levels, I still continue to try to provide that container in that way." Whereas nowadays, in light of newfound religious values, she finds herself "struggling inside" and allows herself to think that clients might be "misguided." She gave examples of these struggles. The first is a case that involves honoring "the sacredness of the marriage vows" in which she no longer can be as neutral as she once was. She said,

> I just feel a tug now that I didn't before. It's more of that struggle if I know what my faith would tell me to do. . . . There's more of an issue now for me . . . where before it was like permissive. . . . And so now it's like well, if I'm that permissive, do I lead them astray? And yet the idea of being neutral as a therapist. So there's a place where the teachings of the faith and the idea of what I learned as a therapist can have conflict.

The question she seems to be raising for herself is whether it would be irresponsible if she did not challenge clients. She said, "I'm finding that the work that I'm doing now is more challenging for me and more challenging for my clients." She used the phrases "stretching the envelope" and "dancing a fine line" in her dilemma between therapeutic neutrality and imposition of religious values, which she illustrated citing another case of a young gay man who wants to remain a member of his conservative church even though it defines homosexuality as sin. This participant acknowledged that in her faith there are views about homosexuality as sin, but that she would not have joined with the client in this definition unless he was "struggling with it as sin." Even though this is an example of her attempt to hold "the container" in the old way, as she said again, "I wrestle with moral

issues and . . . value issues with clients."

One participant considers his training and his religious background both a bane and a blessing in regard to his capacity for self-reflection in a sophisticated consideration of values that could contribute countertransference. The following quote captures his struggle:

> It's on the level of sin, too, rather than of consciousness. It's like, "Am I sinning?" becomes the question. . . . That's where the religious trap is, rather than . . . I wonder why I'm feeling so full of myself; it's interesting. . . . We talk about sin versus just that reflection . . . not an examination of conscience. . . . My idea of reflection, self-reflection is too often examination of conscience. Like as a kid, "What have I done wrong?" rather than, "Where am I today?" . . . not consciousness, but inspection, and . . . I think that I've changed as a therapist. I think people feel less inspected by me than they used to. And I'm less inspecting. . . . It's just maybe something I still wrestle with in myself. So, so Lord knows whether it bleeds into the room.

Considering the possibility that his own "examination of conscience" could "bleed" into the therapy room, he spoke about "being afraid of religiosity" or a "religious scrupulosity" that is a form of "obsessive worries about sin." He also expressed this concern as a fear of being judgmental and moralistic. He attributed the strengthening of this fear to his having experienced a moralistic "authority" in a "traditional" and "orthodox kind of ego psychology" training. As he stated an assumption he took from this training about clients' defenses, the therapist can see the client as "lying" by "hiding

something." He compared this view to a moralistic view of dogmatic religion that assumes that the individual is "guilty" of sin. In the context of this feared "latent moralism," he said that he questions himself: "As accepting as I want to be, am I really pretty turned off by certain things in a way that I'm not even aware of?"

In his response to the invitation to talk about countertransference, he began simply by stating that holding the religious value of being charitable could be a form of countertransference, as follows:

> I'll have to step back to . . . the values. I wouldn't be doing this unless I really believed that, that charity and being kind to people was important. . . . It wouldn't make sense to me. . . . I don't know if that's countertransference, but I have to feel affection for people. . . . I have to want to be charitable. That's a very religious thing to me. That's the core of my theology.

His theology is seen here as a condition that can contribute to countertransference responses. He identified a potential problem with being "overly charitable" as follows: "I think the biggest thing is almost the reaction to be overly charitable. I think that's a real limitation, to sort of be too steeped in . . . sympathy and empathy. Maybe not listening for other things." The implication is that these feelings could act as a defense, keeping uncomfortable "things" out of the therapist's awareness and possibly inhibiting clients from bringing up what they might need to address in the therapy. He proposed that the combination of his background of religious piety and current attitudes in the field of psychoanalytically oriented psychotherapy have conspired inside himself to create an attitude that is "too purified" and potentially keeps the "more earthy things" outside of the

therapist's awareness. He contrasted his "early training" in which "everything was sort of sexually interpreted" with the current field that, like religion, "may be too purified sometimes." He explored the idea that religious piety, modesty, or humility could inhibit a therapist's exploration of "earthy things" just as much as a movement away from drive theory in psychoanalytic circles could inhibit the therapist. He further explored his ideas about "religious humility" or "religious modesty" as a potential intrusion of the religious into his subjective experience in the course of his work. He said that "religious modesty" or "humility" as a "religious value in the therapy is really confusing." He explained that the definition of "humility" is literally "self-knowledge;" however, as a religious construct, it is turned into "self-deprecation." The gist of his comments is that this construct has potentially detrimental, inhibiting effects on the religious therapist.

Another type of values conflict is exemplified by a participant who expressed a dilemma about bringing "the spiritual aspect" into therapy. She explained this concern as follows:

> Sometimes doubts come up in my mind about whether I should talk about the spiritual aspect of what's going on with somebody. And, I may do that with somebody that I've seen for a while, but . . . if you're in a place where there's a lot of positive transference, and the negative hasn't come up, um, I think it's easy for clients to want to please you and I don't want to get caught up in their trying to emulate a connection to a faith that is not real to them.

Being concerned about unduly influencing clients, she expressed caution not only about bringing in the spiritual but also about leaving it out. She explained her belief that one has

to be particularly discriminating when there has been a publicized scandal, such as priests molesting children, when an individual client brings in the issue, and it "brings up feelings" for the therapist. As she stated it, "But there is always a part of me that says that's not every priest, and don't throw out the baby with the bath water. . . . Don't misinterpret what people bring to religion and miss its essence."

Several participants described being open to people's struggles, questions, and feelings toward church and religion. They indicated that they do not have to defend the religion or add the weight of their own frustrations and disappointments, but they can validate clients' experiences. For example, one participant said, "When other people are exploring . . . their own difficulties with their own religion or their own churches . . . I can relate to that." She added, "I am always aware of anything negative that's happened in my experience with my own religion or my own faith. I'm very open to that, I'm not closed to critiquing the church." While a client's religious difficulties do not seem to cause this therapist any difficulty, another participant indicated that she becomes concerned by her response to a client's negativity toward religion. In response to a question about "religious countertransference," she discussed her concern about how valuing spirituality and faith may affect the therapy. She described a client who was "very negative towards any religion" and who thinks of it as "absolutely useless." Her response to this negativity was as follows: "I think there is a part of me that . . . doesn't like that, that's triggered off." She added that when she is being "triggered off" by religious countertransference, she feels, "like I don't want to impose myself and my values on them."

Another participant brought up the way in which his own values can bring about

emotional countertransference responses. He interpreted the question about countertransference idiosyncratically to mean what makes him "high," which he said happens when clients "come alive." He gave an example of religious countertransference related to a case that involved the church's turning its back on a woman who left her husband because he had abused her. In his view, the client was being "oppressed" by the church as a "perpetrator of abuse." He has been campaigning to get the woman re-instated by the church. He said that there is "probably more countertransference" related to this case "because it's such a long thing . . . it's almost like a partnership." He explained that his "high" comes from seeing his client increasingly able to stand up for herself. In his recounting of this case it is apparent that his high comes not only from the client's transformation but also from his relishing being involved in a campaign against an oppressor. Describing his process in relation to this case, he connected his concern over the unfairness shown to his client by the church with his own personal material as follows:

> When I take emotional responsibility, and that's my process, not hers. So, when I think of countertransference is when that stuff gets mixed up. . . . And so, it's my energy, and it's my drive. I'm driving it . . . that's where the stuff's coming from. It's not coming from her.

He explained that he has to stop himself and think about "where's my primary client?" and separate his own process and interest in "empowering women" from his client's material. He said that he can get overly invested in a client's struggle when he connects it with his own background: "I watched what my mother lived under."

Self-Disclosure

Therapists in this study used self-disclosure judiciously, specifically in regard to disclosing their religious affiliations, experiences, and feelings. Self-disclosure as an intervention and a potentially defensive response is a conflicted area for some, even when it is justifiably used to validate a client's experiences. One participant spoke about countertransference with respect to a dilemma about self-disclosure regarding her religion. The following quote gives an example of not letting her negative experiences with the church get in the way of the therapy. Here she described deciding not to disclose her religion to her client:

> I remember one time a woman hated Catholics. And it was so ironic because she didn't know I was Catholic, and she loved me, you know, as a therapist; she would always say that. And I'd just thought, what ethically should I be sharing . . . and my supervisor didn't feel that I needed to share that with her. . . . What was happening in the room was positive, and she was making some great changes in her life.

In another example of a therapist's response to prejudice against her religion, one participant indicated that she assiduously refrains from disclosing her religion to clients and colleagues alike. She explained that this restraint is related to the prejudice she has encountered toward herself and her children as Jewish persons, as well as to the bias she has developed toward "Christian counselors" and judgmental religious persons. She said,

> I'm very careful to make sure people don't know I'm Jewish. . . . But when people ask what my religion is, I always say to them, "That is the one thing I will not

> discuss," because I'm open about everything else. I say, "What I will let you know is that I'm very religious and I believe in God."

She added, "It doesn't matter what my beliefs are. What matters is where their beliefs are because I have to enter their world to help them make changes in their world."

As a countertransference response, the use of self-disclosure for validating a client's experience is represented by one participant's example in which a client had been disappointed "in a religious setting." The participant said,

> I feel very fiercely loyal to my clients, so I know on occasion I have to check my own frustration at the door. If somebody has been hurt in a religious setting, kind of like this person, I mean, I was angry for her. And I let her know a little bit just for her own validation.

She judiciously self-disclosed about her own experience and feelings in order to validate her client's experience. She explained that she will disclose about her faith and struggles when it seems that it will be experienced by the client as "a hand" reaching out to help them; she will validate clients by saying, "This is the human search." or "This is our human quest." She explained that she doesn't elaborate on her Christian faith or background, but uses the word "hope." She said that "If somebody . . . wants to know more, then we take off with that." The implication is that this participant is similar to one other who said that he "will answer them pretty directly" when clients ask about his religion. The other participant qualified his statement with a bit of humor about not going into detail about his "sort of twisted relationship with God" or his struggles; as if he would disclose, "Today I believe, and yesterday I was an atheist." He answers

affirmatively when asked whether he is religious. Another participant described a case in which he disclosed that he is an "adult child of an alcoholic." Justifying the use of self-disclosure to validate the young man's experience and to support the client's newfound Christianity, he said that he considered this disclosure a helpful form of countertransference.

Interventions and Technique

A number of participants indicated that, in addition to self-disclosure, other interventions and their technique are influenced by their valuing spirituality or religion. Their subjective experiences and responses to them in the form of interventions can be seen as countertransference reactions as defined in this study. Motivated by values that are supported by a newfound religious affiliation, one indicated that she feels responsible, as if obligated, to make more active and directive interventions than she previously did. Her interventions include "presenting alternatives . . . or challenging clients." She explained that she will challenge them with a statement of her belief, such as the following: "There are no quick fixes and . . . sometimes it takes humility, surrender, trust, mercy." She identified these traits in her description of her own process of spiritual growth, saying that in her spiritual "brokenness" she found "humility." She added that her healing process resulted in "a miracle . . . since I surrendered [to God], since I really asked for mercy, since I really changed the way I did things." Convinced of the efficacy of surrender in her own development, she described encouraging clients to surrender to their own healing process. She literally promises them that she will stick with them in

psychotherapy as she described in the following quote:

> I've had sort of a spiritual awakening and transformation that's occurred for me. And so because I feel more of a depth of sort of a spiritual connection, that when I see other people struggling and I know the struggles that I've had . . . I want to be able to let them know that I will walk through the struggle with them, they're not alone and they do not have to be abandoned but that they must walk through the struggle; that to walk away from the struggle is to almost seal their fate, perpetually having to run up against this later in their life, and that they're deluding themselves when they think that there's an easy out.

Describing the influence of her "spiritual transformation" on her work, this participant also said that she prays with clients for the first time in her professional life and encourages them to "go back to church" if that has been a helpful part of their lives in the past. She said of this more directive work,

> I've been moving into a different direction as I grow spiritually and I guess as I have more of a personal knowledge and experience of my trust in prayer and the mystical nature of faith, and the healing process. . . . It's another way that I can offer them something that's a piece of the healing.

This participant said the she brings in the spiritual more directly since her "spiritual transformation." Even though she mentions that she might be "stretching the envelope" by doing so, she said that she will directly ask about a person's "spiritual or religious life," especially when she "intuitively pick[s] up that they have some spiritual life" or when she "hear[s] . . . spiritual impoverishment and they're feeling really, kind of

hopeless and isolated." She said that she now has "more of a tendency to focus on what is happening in your spiritual life and how we can help set that into balance for you as a part of the healing process." In contrast, another participant's view of the "transpersonal" affects her technique, making her more cautious. She explained that the "transpersonal" is "something beyond the ego, something beyond the material world, even something extra-psychic." She described her respectful response when it is touched in therapy as follows:

> Most of the time, [I] don't know how deeply affected the person is, although, you know, if something like that happens, I'll say, "Wow, that's pretty big" and I'll get a nod. . . . When something touches me very deeply . . . and I get the sense that it has touched the other person deeply, I try to honor and respect that, and not go into it, or try to put it into words, unless somebody . . . wants to go there.

She described respectfully "staying with" the client when she is deeply touched by something spiritual in the course of her work.

Images: Spiritual Stories and Sayings

Two participants mentioned that "gospel stories" occur to them in the course of their work. For one the effect on technique is direct and for the other it is indirect. One participant spoke of specific interventions that might be seen as religious countertransference. He depicted them as useful to clients. He uses scriptural stories and quotes such as "Love your neighbor as yourself" adding "not more than yourself" in order to help people "quit trying to be perfect." Especially with "people that are religious," he will remind them of Jesus stories as a way of "humanizing God for people, so that they

can feel more human themselves, as opposed to trying to be God." He said that these stories are "terribly meaningful" for him personally because he struggles with perfectionism himself. On the other hand he also said that he doesn't "talk about a lot of spiritual things directly with people," except for "Catholics" as he explained: "I'll talk to them . . . in Catholic terms because of a metaphor they can relate to or a common cultural experience." The other participant spoke of an innate "underlying process" in her life that is inseparable from her practice and is reflected in countertransference responses. This process is seen as a source of information that is attributed to "living the gospels" and to Christ as stated in the following quote:

> We don't just read the gospels, we live the gospels. And so, it makes sense, when you're sitting with someone, sometimes a gospel story will come up or a message . . . from Christ, or like you said, a saying. And it's interesting because I think . . . that when that comes to your mind it can help you . . . maybe, offer something to your client, but it also was given to you, or to me for a reason. Like maybe later in the evening I'll think of that verse or I'll think of that story and maybe I'll think, "Oh yeah . . . I can apply it to my own life as well." It's an interesting thing . . . that does happen to me. There's always that kind of . . . that underlying process going on.

For both of these participants an ongoing, "underlying process" seems to provide information not only about clients but about themselves as well, as the result of learning from a countertransference response.

Use of Faith

The use of their faith in the form of a relationship with God, a belief system, or a sense of the spiritual, provides an ongoing environment in which the participants work. As such it can be seen as a potential source of countertransference attitudes and reactions.

Several participants described a relationship with God or the presence of God as a resource, a guide, a witness, or a companion who accompanies them in their work. They spoke about God being in the room with them, "so you're not alone" when working with clients: a quality of having something or someone to rely on as a source of comfort or intuition. As an example, one participant described being in constant "interaction" with God throughout her work day as follows:

> It's just an additional help; it's a comfort. It's knowing that I'm never alone. I mean, when you asked me to do this, I was thinking, "Oh my goodness, how many times I'm constantly during a day going, 'Okay, God. It's not going to be easy today so I could use a little extra help before walking into the session here.' Or afterwards going, 'Okay, God. I don't know what I was doing right or wrong but it worked out. Thank you.'" I do that a lot.

In her response to a question about religious experiences occurring in the course of her work, she described not only seeking God's help but also feeling grateful when therapy goes well and expressing her gratitude as in the following quote:

> I think when you do good, it's like a religious experience almost. . . . If I know I've done extremely good and I've seen some really big change or something . . . when the person leaves, I'll go "Thank you, God. Thank you very much." . . .

That's automatic. . . . I'll have a very fast conversation with God.

Thus, her connection to God seems to provide a constant backdrop to her work and sets the stage for countertransference responses.

One participant related what she has come to believe about her connection with God in the context of her professional practice as follows:

> I really believe that at the center of each of us, and I'll speak for myself personally, that center place, that intuit[ion], soul place is where God and I meet. And sometimes, I feel very centered, and it flows . . . I don't know where it comes from, because I show up, you know. And yes, there's all the training and the experience, but then there's something more that feels very spiritual. . . . And when I am exhausted . . . and I get up in my head, and I work more from what I know, what I've learned, there's not that complete flow.

Clarifying, she stated explicitly, "I think intuition, in a sense, is kind of where God and I meet, in the middle of me. . . . It has a spiritual element to it." This belief in the place of God in her sense of the completeness of the way she works seems to provide her with a valued therapeutic attitude.

Speaking about countertransference and compassion, this participant described how her compassionate and caring attitude and also her belief in "something more" in both God and humanity are reflected in her attitude and approach to clients. She described how her faith helps her to deal with her responses to clients' experiences:

> I mean, I like to help people, and I care, but sometimes just the gravity of the pain and the grief and the struggles. I've always thought that if I didn't have hope and

> faith in something more, where would I take people, and where would I go myself. . . . And on occasion when I'll have somebody say . . . "How do you listen to this all day long?" And it's like, "Because I've always believed that there's something more." . . . And that no matter where we are in life, there's always something more . . . there's hope that life can be enriched some way.

Her faith in "something more" is a spiritual element that includes "reaching toward God's resource" as an "extra element" that provides her with spontaneous responses.

She explained that her view of God and humanness "weaves through my profession." Her belief system also embraces a dark side; she said, "There is true evil." She associated this belief not so much with childhood religious instruction about sin as with her experience of working with several clients who reported that they had witnessed ritual abuse in their childhoods. She described how this work evoked her own extraordinary, uncanny experiences. The work challenged both the "psychological perspective" and the "spiritual perspective" in her. She said that, in the course of their work, her clients had taken her through their "absolute fight for life spiritually and physically." This description of her clients' experiences seems to reflect what some Jungians might refer to as an example of a dark and dangerous aspect of the archetypal shadow breaking through into a personal life. This participant said that she felt like she was "going crazy" because it was "too weird." She said, "This stuff was so awful that . . . I felt so sick that I couldn't get sick. I felt so sad, I couldn't cry. And I went through . . . my own trauma." Describing her own traumatic countertransference reaction to this work, she recounted an uncanny experience. She described feeling exhausted and resting at

home alone, when she had the following experience:

> I woke up absolutely frozen. . . . There was just such terror that I experienced that it was like, over here, somebody's in my room. . . . I couldn't get anything to move, anything to work except my brain. And I knew over there was a figure that was in like burlap clothing like people of old Bible times. . . . Three dimensional, no face, dark in that space. And I could finally get my brain to work enough to say, "In the Name of the Lord Jesus Christ, get out." And I said it three times, and I felt it leave, and I could move. Went back to sleep, and this happened three times, like three times. [whispered] Everything was in three's. I don't know why. And I was just absolutely beside myself the next morning.

She sought an explanation for this experience by consulting with supervisors, a former therapist, and a priest before she got a satisfactory answer from someone "who did psychic work." From his explanation she came to the conclusion that she had been working "in the spiritual realm" and had become "exhausted spiritually" and "vulnerable." With this, she was able to contain the experience for herself. She said that this experience "changed" her by strengthening her faith and making her more accepting of clients' uncanny and unusual experiences. As she explained,

> I can't give it a scientific explanation. . . . I don't know. It doesn't matter to me. Changed me, okay? And in a good way. . . . I don't get locked in for myself or for any client [trying to explain] what it is and what it isn't.

In another example of being open to the unusual and uncanny, she described receiving a psychic message from a client. This experience stimulated unusual feelings in her; she

said that she felt "creepy," "blown away," and "crazy," but she tried to act calm. While these may not be unexpected countertransference reactions in such situations, this participant explained them in the context of drawing "from everything that I've ever experienced or been exposed to." She said that religious and spiritual experiences have been "such an integral part" of her that these things come into therapy unbidden because she can tolerate and "encompass" them.

Another participant with a belief in "evil in the world" also told a hair-raising story of a "spiritual encounter" that she said raised strong negative feelings toward a potential client. She was hesitant about telling the "story. . . . because it sounds so off the wall and strange," fearing that it would be taken as her "own pathology." It will be briefly summarized here in order to honor her sensitivity and concern: She was working in a rural area when she met a little girl with strange-looking eyes who, with a strange smile, was pulling the wings off of a dragonfly. She described her reaction as follows:

> And I was so taken aback by it and the look in her eyes . . . It's like I had a physical reaction. I felt like there was something, the only way I could say it, was I felt like there was something very evil there. And I would never think of a child as being evil . . . but there was just . . . this look on her face.

When she ran into the little girl again, she felt "uncomfortable." She continued, "She looked at me, and I was looking into those eyes and she said, 'What has Jesus told you?' And then I just got this physical, nausea. . . . I was shaking, I had such a physical response." This participant said that she was fortunate to have a supervisor with whom she "could talk about spiritual things." She said, "We did talk about it in terms of

pathology." And she reassured herself with the statement of a former professor who had said, "There [are] some things you just can't explain." She gave a spiritual explanation for this encounter, in the sense of a dark side of the spiritual, and the faith-enhancing effects of the experience on her as follows:

> It felt very spiritual . . . . I didn't feel like it was a little girl there, that's all I can say. I felt like it was, there was another presence there. . . . It really had an effect on me, but not in the negative way that you would think. . . . After my initial reaction, it made me very aware of how Christ works in my life and how I carry Him with me into my work and . . . whatever was going on with her, whether there was anything spiritual or whether it was pathology or family . . . this little girl needed help . . . the whole family needed help.

She explained that even though she was convinced that the little girl and her family needed help, she could not "provide the services" herself because of her "countertransference."

Another participant explained that one way her childhood religious background and adult spirituality enters her practice is by making her more open to the unusual and uncanny, both positive and negative: "I'm not scared off when people talk about unusual experiences, whether it's visions or whatever." She gave two examples of positive unusual experiences she has had in the course of her work. In both examples she was working with a recalcitrant teenaged girl; in one example, she was surprised by feeling "an incredible peace come over" her in the girl's presence. In the other, she had a dream about the girl's transformation. In both instances, she felt encouraged to continue working

with the clients, and her decision to stick with each one resulted in a positive changes. She explained that her understanding of these transformations has "been fine tuning with time and my own spiritual development." In the following quote she explained these transformations in relation to the attentive attitude of the therapist:

> There are a lot of . . . moments in all of our life, including our clients . . . when there's this real beauty that shines out. And one author who comes from a Buddhist perspective calls it . . . "oasis of clarity." He says that you can see . . . if you are attentive enough. And that you can build on these moments of clarity.

This attitude is similar to that of the participant who spoke about her respectful response to clients when "the transpersonal" is "touched in the hour." They both described just being attentive and not actively anticipating or pursuing these spiritual experiences in therapy. This participant explained,

> I'm not even watching for them. I think even that's too strong a term. It's like I believe that they can happen. But I'm not watching for them. . . . but I think when you've just developed that capacity with time to really be attentive to yourself, your own process and to other people, I think it just comes naturally. So that . . . when your client is in a different kind of space that you immediately recognize it. I think it's more a development of a sensitivity. So, you don't even have to look for it, you're just sensitive to it, and so when it arises, it catches your attention.

She ascribed the development of her attentiveness to "a spiritual practice" of "meditation" in her religious background and referred to this attentive attitude as "a direct kind of way of perceiving . . . allowing yourself to directly perceive." This perception sometimes

involves a sense of peace as in the two examples cited above and sometimes "a sense of confusion and lostness, too."

Crying and Other Visceral Responses

Three of the participants mentioned experiencing an emotional "pull" or "tug" or "high," especially when a client is touching a spiritual or religious aspect. These visceral responses are countertransferential when they are related to a particular client, whether they are identified as such by the participant or observed in their statements. One participant explicitly mentioned an embodied way of attending to her clients, referring to it as using "body awareness" in her work. She said that this awareness often correlates with some deep inner experience of the "transpersonal" that a client is having. She described having "the sense in the hour and after the hour that something has been touched that's . . . very precious" in both herself and the other person. Although she did not identify her responses as countertransference, she described how she is affected when "something has been touched" in the hour, as follows:

> But there are sometimes when I feel wiped out at the end of a session, um, because this person has touched some, just deep, deep parts of herself, her soul, her very essence and I'm just awed and amazed by that . . . because it touches me in a way that reinforces my own faith somehow. It's like there is a touching of the transpersonal somewhere in that hour.

This participant also spoke of a countertransferential emotional pull indicated by crying in the following way: "Sometimes they'll be hitting a very, very vulnerable sad spot, maybe

even a death, and I will cry . . . that's countertransference." The transpersonal could be synonymous with a "vulnerable sad spot" if it is taken in the way another participant senses emotions and spirituality as inextricably linked in the same space in the psyche. He said, "I think emotions and feelings feel very spiritual to me . . . they're all kind of on the same level." He illustrated saying that with clients, he will "get stirred up about things, and I'll be talking and excited, and I'll be crying at the same time." In contrast to his apparent emotional awareness, this participant decried his lack of visceral awareness. He speculated about not being "as physically attuned" to his clients as he might be since he can tend toward an "intellectualism" rather than a "visceral" way of relating or knowing in therapy. He attributed the weakness of his non-visceral way of relating to the effects of "de-sexualized religion" and psychology. Both of these participants expressed a caution that clients should be given the therapist's full attention "in the hour" and that whatever is being stirred in the therapist should be pondered later, even if what is being touched in the therapist and in the client "may not be mutually exclusive."

Another participant made a direct connection between his tearfulness and religion. As he spoke in the interview about the case of a new Christian who made great progress in therapy, he said, "I'm starting to tear up now." He explained his emotional response, saying, "My high is when these people come alive," alluding to both their personal and spiritual lives.

In addition to being a licensed therapist, another participant is a registered dance therapist who described her "ecstatic" experience of "sacred dance." Since she described her spirituality as "embodied" in both dance and liturgy, she might be expected to use

body awareness in her practice of psychotherapy. She did not make the connection that her religion is any part of an embodied subjective experience in her practice of psychotherapy.

Feeling Gratified or Feeling Blocked

Some participants expressed gratification in their work as well as the opposite, which one person referred to as feeling "blocked" when the spiritual is absent in the relationship between the therapist and the client. Feeling gratified is related to being able to be of service to the client by using the whole self or the whole being, including the spiritual in the therapeutic relationship. Feeling "blocked" from using oneself fully is triggered by feeling separated from clients due to their being cut off from the spiritual. Both feeling gratified and feeling blocked are countertransference responses that arise in these participants in relationship with individual clients.

Several participants described having difficulties when confronted with clients who they feel are closed off spiritually. One reflected on her countertransference responses:

> I think the hardest countertransference for me, is when someone . . . is so closed that . . . they don't expand at all into any belief system or spirituality. And I don't know why I would be having countertransference with that . . . I guess that's something I could explore. Someone who has no beliefs . . . I hope I'm not being judgmental about that. I need to probably look at that. I don't feel judgmental. I just feel like it closes, maybe in the countertransference process; I feel like

> something's blocked or closed. . . . Maybe disorients me a little bit, for a lack of a better word, and it narrows maybe where we can go. . . . I've had actually few experiences with people who, there just is no belief. . . . They're opposed to it . . . The countertransference for me would . . . less likely come from an agnostic.

She wondered aloud whether some clients' atheism had been "the countertransference issue" as she identified feeling frustration about being "blocked" in her ability to work fully with such clients. She remarked, "There may be some intolerance on my part with atheism." She said that she appreciated that this issue had come to her attention in the course of the interview. With a little laugh, she concluded, "That'll give me something to work on. And knowing God, He'll send me one next week." Another, likewise spoke about her experience when clients are not receptive to the "spiritual side":

> Sometimes people aren't very receptive to . . . kind of like the spiritual side. . . . I work very well with people, with children included, who will kind of open up or make vulnerable that side of them. But I feel a lot more lost sometimes or not knowing, if I'm not feeling like I'm using my whole self, with clients who don't really . . . want to operate or don't want to go to that same place. I find a lot of clients are kind of open, but there are some that aren't.

These participants' statements reflect a countertransferential feeling of frustration in response to feeling "blocked" from using their own "whole self" when a client cannot entertain the spiritual aspect of life, in other words, when they have a sense that something is missing and they feel disconnected from the client.

In the following quote one of these participants expressed a sense of gratification

in making a connection with clients that includes being true to herself:

> A lot of the clients I was talking about don't necessarily have a religious background or . . . church-going parents or family. . . . But there's a . . . connection, a spirit. There's kind of a, it's difficult to explain, just something that they will reveal, or something that I'll see will . . . give me this feeling of connection with them. And then I feel kind of like I can do really good work . . . there is that direct perception. And I feel that . . . when I'm doing that kind of work, that's kind of like more me. . . . I'm being really true to myself as well as to the client. When I don't sense that . . . I feel like I'm floundering more as the therapist or a practitioner.

This participant is expressing the sentiment that when there is something spiritual in the connection with a client, it is gratifying for her. Another participant said, "Treatment in a real spiritual sense is relationships." And another seemed to reflect a similar sense of gratification in her work in the following statement:

> I love working from the whole being. It's, it's just powerful. And it's very humbling and very awesome. And it doesn't matter what the subject is or who the person is. . . . You know, it's not always been easy. It's been some difficult times, but they all play a contributory part, and so I've come to a place where anything that comes out, it's like, "Okay, I'll feel . . . what feelings it touches, but I'm also going to ask, "What is there to learn from this?"

She is describing her sense of awe and gratitude about participating, in a spiritual sense, in a healing, transformative process. It seems that these therapists prefer to be in a state

that includes the spiritual when they are working. This state can be a source of countertransference responses depending upon whether the spiritual is received or blocked.

Religious Background Affecting Practice

Participants commented on the direct influence of their religious upbringing, articulating core values, beliefs, and views that influence them in their lives and work. Representative values and beliefs with which the participants were endowed by their religious upbringing and which developed into adulthood in "the full religious background" are presented in this section: values including being charitable and being open, accepting, tolerant, and respectful; views of human nature, free will, and personal responsibility; and influences related to their choice of profession and their views of the therapist's role. These values, beliefs, and views can be seen as forming the basis of countertransference attitudes and reactions as defined in this study, but they were not as directly linked to client work as those discussed in the countertransference section above.

Values

A number of participants said that being charitable and serving or helping others is important in their approach to practice. They associated this core value with their experiences in a religious culture that included relationships with religious persons, especially parents who demonstrated a strong faith.

Mothers figured prominently in modeling charity and being of service for a

number of the participants. One spoke of her mother as the model of faith and by inference as a model of being charitable; she described her mother as "kind, and generous and considerate" and as "living according to Christian teachings." Another said that her mother would always give others "a recipe and a scripture." One attributed valuing being charitable to his sense of his mother's charity and observance as follows:

> My mother, as observant as she was, was an extremely charitable person. . . not given to gossip or, you know, mean-spirited. . . . Just almost too much that way . . . but that sense of, you know, that we're here to, to do good, to take care of people, to be kind, is an act of charity.

He said that this core value affects him in his work: "I don't know if that's countertransference, but I have to feel affection for people . . . I have to want to be charitable. That's a very religious thing to me. That's the core . . . of my theology . . . in a way." For this participant, as for others, being charitable is the basis of an affectionate, compassionate, and empathic attitude toward clients. Another described her family and church culture as a model for helping others and valuing human dignity:

> The other thing I think in terms of religious background growing up, when I look back is . . . just the emphasis on helping others and on human dignity that was evidenced around me in the church . . . my dad helped out with the church. My mom was helping out with the church. And . . . our pastor, sponsored many Vietnamese families to come over and settle in our parish.

She elaborated with the statement, "We're all children of God," which is similar to another participant's statement about being taught the importance of seeing everyone as

equal and being charitable toward others:

> The message I got over and over again growing up is that we are all equal. . . . We're not better than anyone or less than anyone. That message was consistent, ongoing, and the message to help others and the message of, like, the song, "They'll Know We're Christians by Our Love." You don't have to say it, it's how you live your life, you know, that people will know . . . and even if they never know you're Christian, they're still going to feel like you cared about them.

These views carry directly into these therapists' work in the basic attitudes with which they meet their clients.

In various ways, a number of participants emphasized that being open, tolerant, accepting, and respectful in their work is directly connected to their religious background. This nonjudgmental attitude with which therapists receive and approach clients is standard in the values system of the profession; for these participants it is attributed to their religious backgrounds and may have been an impetus for entering a helping profession.

One participant stated her respect for others and acceptance of their beliefs thus, "I'm as Jewish as you can get, but my religion teaches me to accept who you are. And I don't know any other way to do it." She told the following story of her father teaching her about religious tolerance and the importance to both of her parents that she be accepting of others' beliefs. She said that when she "was about twelve years old" she "made a rather nasty comment about someone's religion." Whereupon, her father

> came home with this big cardboard box of religious books; we're talking the

> *Egyptian Book of the Dead*, we're talking the Mormon book, we're talking it all. And he said to me, "You will read these books and we will discuss each book." . . . . And over a period of 3½ months, I read it all and we discussed it. And the end of it, he looked at me and he said, "Okay. Now when you make a comment about someone's religion, you will know what you're talking about." So, religion to me was very, very important.

Having spoken throughout the interview about the importance of God in her life, this participant stated her belief that "people believe in God" even if they are "not religious." This belief seems to undergird her respect for clients and their beliefs as follows:

> Most people believe in God. . . . we're all raised with some kind of concept of God, even if we're taught that it's a bad God or even we're taught not to believe in God . . . still the concept of God is there. I am incredibly careful if I deal with people of a different culture. . . . I'm extremely careful and very respectful and I don't bring it up at all . . . because, as a therapist, the number one thing I do is I respect you.

Other participants, likewise, value respect for individuals and their beliefs, including tolerance for diverse personal attitudes, experiences, and faiths. One spoke of "tolerance" and openness toward a variety of spiritual experiences, which she learned to accept as a result of her own disappointing and frustrating religious experiences. This tolerance helps her look beyond behavior to intent as explained in her statement of this value:

> And all of these experiences weave into where I'm at today. And the work that I do professionally, because . . . there [not] just being a straight line, there's an

> awful lot of gray in this world, and I think it's really expanded my tolerance for people in all walks of life with all kinds of experiences. . . . So, it's prompted me, I think, in my work to look at what are the motives; what are the intents . . . even if the behaviors or choices are not healthy ones, what's the driving force behind it that people are reaching to accomplish.

She indicated that her spiritual development has given her a way of working with clients that is receptive to all kinds of experience. She described how clients who "wouldn't typically talk about God or beliefs" surprise themselves by talking about things that "sometimes spill over into the spiritual realm." She explained her stance: "It isn't that I prompted it, but I am just listening." In her receptive, respectful capacity, she listens, validates clients' disappointments with church and clergy, and empathizes with them in their religious struggles. She said, "To use my own phrase, I've colored outside the lines enough and [been] kind of finding my own way." Consequently, as she indicated, she trusts clients' abilities to find their own ways. In another example of how her spiritual experiences have contributed to her openness to clients' experiences, she said,

> Everything I have experienced, I use when it's appropriate, when it comes up. If I'd have somebody that says, "You know, my brother visited me, and he's been dead for three years," I'd go, "Okay." I can't prove it or disprove it. And I don't try to do either, but I don't blow it off. Okay, we work with it.

Another participant connected his nonjudgmental attitude toward clients to his belief that God is forgiving rather than "condemning," which "came out of . . . progressive Catholicism" in his youth. He explained that this belief lends him "a certain openness"

that is "a very religious principle" of looking at other's intentions rather than judging their behavior. He explained this view as follows:

> What your intent is is very important, rather than just what you do. . . . I think that kind of principle is a very religious principle. . . . The principle of . . . what's in our heart, what we do may be important, why we did it is important, too, understanding rather than condemning. . . . That's a God function.

Attributing his own nonjudgmental attitude at least in part to his beliefs about God, he said, "In thinking about God as a non-judging, just observing kind of presence . . . it's what I feel like. It feels very ministerial in that way." In his view, God is non-judgmental, and the therapist reflects that "god function" in his "ministerial" role.

Views of Human Nature, Free Will, and Personal Responsibility That Impact the Therapeutic Stance

Religious backgrounds and related beliefs about human nature influenced the participants' thinking about individual responsibility and the role of the therapist. For instance, one participant identified her views of human nature as a belief in "the mystery of . . . the human self," her fascination with "how human awareness kind of unfolds with time," and her sense of "the dignity of the human person" and "respect for human life." She connected these views with her "religious/spiritual background," saying that valuing human dignity was instilled by a belief from her religious background that "we're all children of God." And she summarized "how spirituality or religion influences" the therapist as follows: "It's this . . . belief that people have this innate mystery about them .

. . that human selves have this mystery about them. That there's this dignity, that there is a potential for change." This view of human nature can form the basis of a countertransference attitude as here defined.

One participant explicitly stated that her religious background influenced her thinking about taking responsibility and making choices. She attributed her view of "free will" to being Jewish: "That's how I was brought up as a Jew." The following quote reflects her ideas about individual responsibility related to her beliefs about God's role in relation to personal responsibility and choice-making.

> You make the choices. That's not to say God isn't sitting there so you're not alone. But God has enough respect for his creation to give you the free will to make the choices and to learn what you need to learn. He may provide the opportunities for you to learn. But it's truly up to you whether or not you wish to do it. It's not up to God ultimately.

She related these ideas to her work, saying that instead of expecting God to make up for her mistakes, she holds herself fully responsible:

> When I'm in trouble and I've screwed up, and I pray to God and I say, "Okay, you know, I'm in really big trouble here," God will say to me, "Well, what are you going to do about it?" . . . The responsibility is back on me.

Although this sense of responsibility sounded like an exacting standard, she argued against being perfectionistic. She described challenging her clients' perfectionism by asking them whether they were competing with God for his job. She did not seem judgmental in her view of personal responsibility.

Another participant's beliefs about human responsibility and making choices can be inferred from his comments about the "idea of whether God is evil as well as good." He has concluded that "evil is a human thing" and that it is part of having "choice and free will" as stated in the following quote:

> Our point is to become who we are, to individuate in a Jungian kind of way. . . . That requires us to have choice and free will. . . . We have the choice to be . . . good or evil. So I don't think God created evil. I think he just created free will, he created choice. Evil is really a human thing.

In his view, however, human nature is not "intrinsically evil," as he stated:

> Human nature is sort of wanting to be more evolved. . . . Man was . . . handicapped, I think, by original sin . . . sort of limited . . . and in need of a fresh start. . . . I understood just that they . . . could do bad things, maybe, it's more . . . they were easily tempted.

He explained that his view of humans as "benign simpletons . . . just sort of wounded people" gives him a "pretty sympathetic" attitude toward clients. Similar to this view, another participant explained that her current stance includes looking for the good "in every person that crosses my path" and seeing humankind as "broken" rather than sinful. This is in contrast to her childhood view of human nature that "we're sinners and we're awful" and "we have to be saved." Stating her current view, she said, "We have to find our way through the brokenness . . . our humanness. I see it more as brokenness rather than bad, sinner, evil." Interestingly, having discarded her childhood view of human nature as sinful, she attributed the development of her current view to her religious

background, saying that it provided her with a "solid foundation" that is "an expression or a metaphor of something more." She said, "There's more than just the behavior . . . within each person." She described "human dynamics as a sample of what God is more of," enumerating as god-given "gifts" such characteristics as "humor, intelligence, creativity." While views of human nature as benign and good may form the basis of an empathic countertransference attitude, views about the existence of evil may form the basis of negative countertransference responses when manifestations of evil are reported, suspected, or discussed in therapy.

Another participant whose remarks represented a full exploration of views of human nature and evil will be quoted extensively in order to convey her sense of a "broader context" in which to look at "pathology" and "conscience." She began as follows:

> The nature of human nature . . . I'll just kind of put it into the broader context. . . . I think a lot about that because of pathology and because of wondering how we come into the world . . . how we're created . . . [and] how the world impacts us. . . . I don't like to believe that people would come into the world without, like conscience. I believe that we're created. . . . My hope is that we're all capable of love and being loved. And . . . working towards, not being perfect, but working towards . . . fulfillment, let me say that. But . . . after the years of practice, I've come to see, and I don't necessarily understand, how some people seem to truly come into the world without a sense of conscience or without a sense of right or wrong.

In this "broader context" she seems to be trying to place existential responsibility for a lack of conscience, wondering aloud about whether it is "a human mess up" or part of "creation" whether God or humanity is responsible. Her context includes a sense that "There's such an incredible diversity . . . among humans," referring to the choices they are capable of making and the diverse paths they can take as follows:

> We all are capable of doing things that we would not think that we would ever be capable of doing. I'm very interested in Jung and our shadows, which are very powerful and driving aspects of our self and can be used in, you know, in our work and what we do. . . . I mean it's just our nature. . . . We have the capability . . . to work towards good and enrichment. We also can [go] down other paths.

She continued saying that she "struggled" with the question, "Why would God have allowed that to happen?" Her answer to this question reflects her view of free will as the individual's having a God-given responsibility to make choices: "He would have to have that, allow that to happen, so that we do have will. It's part of our life journey that we have to deal with that. We have to face that, we do have choices." Having explored this question in terms of the origin of evil "in the world," she ventured to state her belief explicitly and gave an example as follows:

> I don't share this with a lot of people, but, I do believe that there is evil in the world. I do believe in the power of Satan and I believe that he's attacking our young people through things like drugs and eating disorders.

She referred to drug abuse and eating disorders as "spiritual disorders" that in her view are "like a dark night of the soul . . . for the whole family." She used the phrase "constant

attacks by Satan" in connection with "a person . . . in the throes of an eating disorder." She described the "negative self talk" that robs them of the ability to make rational choices and the related "flip-flop" in values that is a shift in their beliefs about God, saying that an individual becomes "convinced . . . that God was not there for her anymore." She believes that treatment of these disorders must include a spiritual component in order to counter the spiritual attack and re-build the individual's ability to make good choices. Her ideas about the possibility of someone being unrelated to God and lacking a conscience and about the presence of evil in the world developed, during the interview, into a metaphor about "being unplugged" from an underlying spiritual "current." She expressed dismay about this possibility as follows:

> If you could unplug that part of your brain so you suddenly didn't have it, I wonder what that would be like. That would be weird. That would be very strange. I know I wouldn't like that. . . . I wouldn't want to be in the world. Why would I? Because that's such an important part . . . that's why we're here and that's very important.

Apparently in her view, being related to the divine is a necessary part of human nature.

Choice of Profession and Views of the Therapist's Role

Participants attributed their choice of profession and their views of the therapist's role to the influence of their religious backgrounds. For some the attribution is to their exposure to a contemplative observance, for others it is their exposure to religious symbolism or to the values of their religious culture. These influences on their choice of

profession and on their views of the therapist's role can be seen as forming a source of countertransference attitudes and reactions.

One participant said of her monastic experience, "It was that experience that kind of got me interested in psychology in the first place because it was a very introspective kind of inward way of life." Although she did not make the connection, it can be assumed that her religious studies and "spiritual life" influenced her choice of profession. Another participant stated explicitly that her choice of career was influenced by her love of symbols and the presence of a beloved priest who was her mentor and confidant. He introduced her to "Plato and Shakespeare and all the classics" and made her "familiar" with the details of the Mass. She connected her choice of profession as an art therapist indirectly to his influence. She explained that her love of art began with her introduction to symbols in Catholicism as follows:

> Growing up in Catholic school, symbols were so important. I remember one time in seventh grade going to look at our new altar that was carved, and we looked at symbols of fish and the dove and just sitting around the altar and talking about them. We always talked about symbols. But . . . that particular day I'll never forget and just thinking, "I love symbols." I love . . . going deeper, and seeing what's deeper. . . . And then I was also an artist who began to use symbols in my art work.

She directly attributed her choice of career to this love of art and to the opportunity to get a degree in art therapy from the school where her priest-mentor had lived when it was a Jesuit boarding school. Her attachment to him and to art propelled her into the field of art

therapy.

Interestingly, both of the male participants stated explicitly that they had considered the "priesthood" as a vocation. Emphasizing the importance of his religious life, one of them said, "From the time I was a boy, I wanted to be a priest" because it was "an admirable role and a role of culture and intellect." He attributed his considering a religious vocation to the importance of "thinking about God" and to the centrality of religious observance in his childhood culture, "We were just very steeped in church, observant." He spoke of the influence of priests to whom he was a "mascot," knowing them as "human" and liking them, rather than fearing them. As quoted in the section above on the value of being charitable, he mentioned that being charitable is a core value related to his chosen profession: "I wouldn't be doing this [psychotherapy] unless I really believed that, that charity and being kind to people was important . . . it wouldn't make sense to me." He drew a comparison between valuing serving others in his religious culture and his professional identity, saying, "The idea of being a priest . . still resonates with me." He compared the therapist's role to a priest's role, describing both of them as "comforting." Saying that in the priestly role "it's [a] very comforting thought for people who are in agony with their selves and worried" to be reminded that they are forgiven, he indicated that especially early in his career he had wanted to give comfort and assurance to people. He related his current beliefs about God as "witness" and "comforter" to his current way of thinking about the therapist's role. Referring to the therapist's role as a "ministerial" function, he said,

There's something about the way I believe in God, or whatever God is, about

> being a witness. And it really speaks to what I try to do with people . . . that I'm just witnessing what their experience is rather than holding some authority. And I think . . . the kindest thing I can do is to witness their exploration. . . . I just believe that's terribly important, and . . . that's where God is a comfort to me. . . . It's not his point to do anything. His point is to just accompany. . . . I feel it as an outside source, but I think it may be just a projection of my self, you know. But it's more comforting to think of something, another presence, witnessing. I don't feel as alone I think if I put it out here . . . in the room there with me.

The other male participant described his views of human nature and God's relationship to man from a Calvinist Christian perspective. These beliefs are directly related to his view of his role as a therapist. His view of human nature is that, "man is totally destitute. And . . . the whole struggle with man is a spiritual struggle." He implied that his relationship to God is a "daily struggle" because of "the distance between Him and me as a fallen creature." He described his belief in the necessity of surrendering to the knowledge that only God is "capable of understanding the total purpose" of everything and of putting it in its "proper order." In this view it is essential to free oneself of the "fallen nature of man" by realizing that one is "not only undeserving but lost" and by "dying to self and losing oneself." He explained that this freeing process "is usually carried out in terms of . . . service," which brings "peace and some harmony." He expressed his view of being of service as a therapist in terms of responsibility and in a colloquial manner that seemed intentional to emphasize his sense of freedom: "As a young therapist, I used to take responsibility with outcomes, and as an old therapist, I go,

'I can't control nothing here.' . . . The only thing I promise them is a safe place and a confidential place at which to work on real issues in their life." For him, it is a feeling of "total freedom of . . . not feeling I have to control" the outcome of the therapy or the salvation of the individual, as if taking responsibility for the outcome would be an act of hubris. He explained that it would be arrogant to claim outright that God "works through" him. He stated his belief about psychotherapy that, "Treatment in a real spiritual sense is relationships." His role in relationship to both his clients and his God is to be "available to be used." As he explained, "this is the paradox that God probably may use me. . . . If I can get myself out of the way, things happen." Thus, he differentiated the therapist's responsibility from God's in terms of whether religion would ever come up in the process of psychotherapy:

> Will I ever bring this up? Well, my fundamental belief is, God will bring it up at the time that it's important. . . . It may never happen here. . . . Since I've met this God that I can't . . . get in a box, then it's not important for me to understand all that process or be responsible for it. . . . My fundamental belief is that given a safe place to take a look at our families . . . and how we were raised and what we've been exposed to that you, too, will find a Savior. You too, will find God. . . . And we may not ever get there. . . . I trust my God . . . I trust that He knows better than I do. And all I am, hopefully, a safe place. . . . I mean for me, they will meet my Jesus; they will meet my God. . . . They will meet that peace in their life that answers all of this and gives them a center of who they are. And then all of the stuff that seems to be big now will take its proper order.

Even though this participant is practicing psychotherapy in a Christian setting, his statements reflect a way in which he holds his beliefs internally, refraining from imposing them on clients but hoping that they will find the peace and order he has found in religion. His beliefs and his hope for them could be seen as a source of countertransference attitudes and responses.

Another participant who, while she did not connect "the ministry of saving people" in her background directly with her becoming a psychotherapist, did state that a commitment to being of service was expected in her family culture, as reflected in the following quote:

> There were missionaries, real missionary focus in the whole family. My uncle was a medical missionary to Africa. . . . So, there was a lot of conversation around reaching out, you know, the ministry of saving people that flowed through everything. That was kind of the primary base, and then what you did kind of followed after that. . . . Just the belief that that's what Christians do; they spread the Word and God's love, and that's what we're here on the earth for. I mean, that was what I heard . . . while growing up.

All of these responses point to the possibility that, in the intersubjective therapeutic relationship, a "god function" or a "spiritual aspect" is always present as a source of countertransference responses in these therapists with a strong spiritual or religious identity.

Biases, Struggles, and Conflicts Between Religion and Practice

Participants explored and expressed biases, struggles, and conflicts within themselves and between their professional and their religious values. This area of data is dynamic and rich, as some of the participants discovered biases and unexplored areas in their thinking during the interview. Not all of these personal conflicts were related directly to working with clients, but they all seem to be potential sources of countertransference attitudes and reactions.

Biases

Throughout the interview, one participant referred to the value placed on children in her religious background as the reason for her bias against child abusers and inability to work with them, as follows:

> We have certain basic beliefs in Judaism and the belief is children are the ultimate happiness. So, you care-take your children. If I have any bias at all, I do not work with child molesters. . . . I have a bias for people who abuse children . . . and that comes from my background. I know I cannot treat people who abuse, either physically, emotionally, or sexually. I will treat the person who has been abused and that's my specialty. But I will not treat someone who does it. And that's the only time I think my religious background . . .

She reiterated that this bias against working with child abusers comes from her "religious background" in which children are held as "the ultimate joy." This bias is a deviation from her valuing respect and tolerance for clients and their beliefs. She recognized

another bias that comes from her view of taking responsibility for one's choices:

> But I am ultimately responsible for my own actions. God is not doing it to me; the Devil is not making me do it. . . . I ultimately have to choose between what I think is right and what I think is wrong and what I think is healthy and not. And there is a bias that, now that I'm talking, when I work with people, they need to understand that they have the power and they have the choice. It isn't Satan or someone inside of them causing them to do this; they make their choices.

She reiterated, "I guess there is a bias there when I work with people. I don't teach people to be rescued. I teach them that the rescue has to come within themselves." This bias is reflected in comparisons she made between the way some Christian counselors work and her own:

> My religion has taught me to be very careful to respect everyone's religion . . . . It makes it very easy for me to appreciate other people's religions because I don't have a torch that I have to carry in order to convince somebody of the right way or the wrong way. . . . I've met many Christian counselors who find it very important to have a certain set of ethics and to make people follow those ethics because it's based on their religion.

She explained that because her religion does not expect her to attract converts as Christian religions do, it is easier for her "to deal with people without expecting them to believe what I believe." She indicated that she experiences a bias when she feels "uptight" when a preference for a Christian counselor is stated or when she is questioned about her religion: "And I'm not quite sure why. . . . other than maybe seeing it as a

rejection of me. . . . [When] someone comes into my office and they say, 'Well, are you a Christian counselor?'" She explained that she is careful about revealing her religion because of prejudices she and her family have encountered "in a Christian world . . . a very biased Bible belt with a lot of prejudice against gays and other people." She related incidents regarding her children that support her perception; for instance, her child was told by her best friend that "she was going to burn in the lake of fire because she didn't believe in Jesus. And . . . [a] few times she came home because people had been looking for her horns." She seemed surprised to discover, in the course of the interview, that these kinds of incidents have affected the way she works. She said,

> I guess I've developed a bit of a prejudice in some ways when someone very religious . . . comes into my office. And I guess I do have a prejudice, now that I'm talking about that and I have to be very careful. And most of the time I can deal with it because they're not in the office for me, they're in the office for them.

Another participant expressed a similar prejudice in a milder statement about preferring atheists to "evangelicals" and "fundamentalists." He said, "I'm sort of cautious about people like that," the implication being that evangelicals and fundamentalists try to wield authority by demanding conformity.

Struggles

One participant spoke of a painful religious experience in his childhood that has contributed to a long-term struggle with religiosity. He referred to this childhood experience as a "period of religious scrupulosity" that was characterized by "terrible sort

of obsessive worries about sin." He continued, saying that this worry "is a piece of the whole experience . . . I never want to go back to that. And so . . . I'm probably more afraid of that than of God. You know, I'm more afraid of religiosity." He also said, "I'm highly fearful of being judgmental because of my own sense of judgment." Even though he continues to practice the religion of his youth, he struggles with a fear that it will take over, as he said, "I sort of keep it . . . slightly out of my space, because . . . I don't want to get overly religious." As part of this struggle to keep religion in perspective, he explored his "ambivalent relationship" with the church and his fear of losing it altogether as he rejects the authoritarianism of it. He said,

> It's separating spirituality from religion and religion as embodied by the structure, by the institutional church. . . . It's not God that I worry about losing; it's the church I have this ambivalent relationship with and am far more fearful of.

He explored parallels between his ambivalent relationship to the church and his relationship to authority in the field of psychotherapy practice. He identified the origin of his relationship to authority in his childhood, growing up as a "responsible kid" in a "serious culture" that was infused with religious observance. Then authority came into his training, and he described early clinical experience as something both imposed upon him and his clients and as held by him vis-à-vis his clients:

> But authority came in that kind of . . . ego psychological training, of supervision, where it really became, you know, that I had to act like I knew everything. . . . After graduate school, I began to practice. . . . It was very traditional in an orthodox kind of ego psychology. . . . You know, it's a specific way . . . to hold

> things tightly. And it, it never felt particularly comfortable, but I thought that's what I had to do . . . the forcing me to, to give up being too empathetic. . . . I had to be able to hold something.

Having described the imposition of the therapist's authority in the "traditional" and "orthodox" practice of ego psychology as an ability to "hold something," he began to consider authority as providing a sense of "security." He used a religious analogy to convey this idea:

> The authority also provided security. I will take care of you if you follow my, "follow me and I will make you fishers of men." . . . That's what the church does, it's sort of like . . . you belong here but you have to obey and follow to belong.

Further interweaving the ideas about holding authority as security and as imposition in religion and in psychotherapy, he expressed his struggle with bearing the burden of imposed authority as follows: "You're the shepherd to children, kind of . . . but that was terribly burdensome, too. It's impossible first of all and secondly it became kind of hard to do and . . . just made me more nervous. . . . And I struggled." He explained that as he has developed as a therapist, he has "shifted" away from that stance and toward a sense of holding his own authority as a source of security for himself and his clients. In this context he expressed his affinity for priests, his identification with them, and his desire to perform the "ministerial" functions of "witnessing" forgiveness and healing, but without the burden of authority that priests carry. He said, "I couldn't stand . . . to defend the church" with the implication that as a therapist he couldn't stand to impose his beliefs on others.

Conflicts

One participant expressed his conflicts as a balancing of opposites within himself and between his religious and his professional life. Regarding his religious life, he characterized his thinking and beliefs as complex and yet simple, encompassing paradoxes of freedom and structure. Regarding his professional life, the gist of his statements is that even though he dresses conservatively in the manner of his Christian denomination, he is not to be taken as narrow or judgmental in his thinking. His remarks reflected not only a balance of opposites but also an opposition to being constricted, labeled, or put in a box regarding both his religious life and his work. For example, he strongly objected to the use of the term "fundamentalist" as applied to him or his belief system because the term is "too political" and "too loaded." He described balancing opposites, being free, and opposing being boxed in by labels in direct relationship to the interviewer and process of analysis of this study as follows:

> I've learned to live with two opposites inside this body. I mean, my B.A. degree is in humanist psychology. . . . I don't like [labels]. . . . Let me tell you the phenomena as I experience it. Then you put whatever label on there, but if you put "fundamentalist" on there, it's like, "That ain't going to work," because it carries the political and it carries the stigma that that's not who I am. I'm more than that. I'm about as liberal as they come.

He went on to emphasize the balance between his liberalism and his religious conservatism by recounting an encounter in an interview in which the interviewers expressed concern that he would be offended by the population he would encounter on

the job. He countered their concern by saying, "Just because I look this way doesn't mean I haven't been there," by way of reassuring them that even though he is a religious person, he could handle the job. He expressed the conflict between the profession and the religion as the differences between a "world system" characterized by living and working within secular realities and restrictions and a spiritual system in which even therapy relationships reflect a broader, spiritual aspect.

CHAPTER 5: DISCUSSION

This study explored the subjective experiences of psychotherapists who come from a strong Jewish or Christian background. The central questions of this research address countertransference. Using the contemporary definition of countertransference as "the totality of the therapist's experience in relation to a particular client" (Grayer & Sax, 1986, p. 309), this study is an exploration of the extent to which a therapist's religious background influences that totality, regardless of a client's religious interest or disinterest. At the beginning of the study, it was anticipated that this definition could be sufficient for explaining countertransference phenomena found in the study. However, during data collection and analysis, what kept emerging from the participants' experience were attitudes that provided the backdrop of psychotherapy. Working in a specific area of spirituality, Stein provides a useful conceptualization of countertransference "attitudes" (1984) that is adopted for use in this discussion. While the original emphasis on countertransference as related to the particular client applies part of the time, the findings of this study indicate that a concept was needed for describing a background attitude as a field or state that exists separate from the particular client. Stein's depiction of a "countertransference attitude" as a "constant presence throughout analysis" (p. 86) provides a useful language for bringing the findings of this study into focus.

Countertransference has its sources in the therapist's and the client's experiences and takes form in conscious and unconscious "attitudes" and "reactions" (Stein, 1984) including enacted responses. The findings reveal how some therapists draw upon their faith, their religious backgrounds, experiences, and development to help maintain a

positive therapeutic stance.

I am suggesting the term "generous spaciousness" to describe and explore the preferred therapeutic attitude of the participants in this study. This concept could be considered a near relative of Winnicott's (1971a) concept of potential space or a special variety of potential space. In the population of therapists studied, the countertransference attitude encountered deserves a label of its own. The quality of this attitude found in therapists who are consciously religious calls for a distinct language. This is not to say that the term does not apply to therapists who do not have an explicit religion or spirituality. The use of the new term "generous spaciousness" is not intended to exclude or limit; it may be that it can be broadly applied. My findings lead to the conclusion that a therapist's faith can be a resource for providing a sustaining "potential space" that has a special quality of "generous spaciousness." The participants also revealed conflicts and biases that impact and disturb this stance.

The participants in this study revealed details about their religious backgrounds, their ongoing religious or spiritual attachments, and the ways that they are affected in the course of their work by their faith, religion, or spirituality. A connection between religion and countertransference did not materialize spontaneously, but when directly asked about it, they recognized the concept of countertransference. In general, however, their view of countertransference tended to be narrower than the definition used in this study. They spoke of countertransference as emotional reactions that threaten to get in the way of the therapeutic process by pulling the therapist away from accepted psychotherapeutic stance of neutrality and abstinence. They represented these countertransference reactions as

occurring when the client's "material" gets "mixed in" with the therapist's. Perhaps it can be said that religion is a source of countertransference reactions in the sense that negative experiences, frustrations, and disappointments in relationship to religious institutions and individuals can create the impulse in the therapist to identify too closely with clients' struggles with religion or to avoid and ignore clients' religious difficulties. These impulses can cause enactments that can threaten to derail the therapy. However, in their descriptions of their work, it is also apparent that their countertransference attitudes and reactions are affected by their faith not only in disruptions but also in facilitative responses. It can, therefore, also be said that an integrated faith can be a source of a countertransference attitude that provides a holding environment or potential space for therapist and client alike.

One core finding of this study is that the participants' faith is integral to their lives, metaphorically permeating the fiber of their being. Their faith affects their values and their beliefs about human nature and constitutes a relationship with "ultimate reality" (Joseph, 1987, 1988). Because their faith is so deeply ingrained, it is inseparable from their identity as psychotherapists and their conceptualizations of the therapist's role. These identifications set the stage for countertransference experiences, using the broader definition of countertransference as all of the therapist's responses, attitudes, and reactions. Countertransference that has an identifiable spiritual or religious base will be related to the concept of "potential space" incorporating concepts from intersubjectivity and attachment theories.

The findings will be discussed in the following categories: Countertransference as

a generous spaciousness, dissonance in the countertransference, invisible diversity, and countertransference as attachment. This will be followed by a discussion of the literature with respect to these findings, including the relevant aspects of the literature on "potential space" and related concepts, on countertransference, and on current research relevant to the conceptualization of the findings. This chapter will conclude with a statement of the limitations of this study and suggestions for future research.

Countertransference as Generous Spaciousness

Countertransference has as its source not only all of the client's life experiences but also all of the therapist's experiences. These experiences affect the therapist in the course of the work (Casement, 2002). The therapists in this study are most familiar with a conceptualization of countertransference as reactions of which they are or can become aware. They identified these potentially disruptive reactions in themselves. They are less familiar with the concept of a "normal counter-transference feeling" that is an empathic attitude (Money-Kyrle, 1988, p. 30). Nevertheless, the existence of a "normal" countertransference empathy among the therapists in this study is recognizable in their descriptions of clients and themselves. This attitude will be referred to as "a generous spaciousness." In this section, this conceptualization will be defined and explored both in its manifestations in the participants and in its religiously based sources.

An attitude of generous spaciousness is broader than an empathic attitude. It includes a capacity for holding a question open; for sitting with the tension of opposites, paradoxes, and conflicts; for tolerating enjoyment and suffering; and for maintaining an

emotionally safe environment in which to explore affect, ideas, and visceral, intellectual, and spiritual experiences, primarily in the client but also in the therapist. It includes the therapist's generosity toward the client as well as toward himself or herself. It is conceptualized as an open, receptive area within the therapist.

An image for conveying the quality of generous spaciousness is that of a protective embrace that is both a secure holding environment and a buffer from intrusion, like a fortress. An attitude of generous spaciousness has the quality of a space in which the play of curiosity can prevail as therapist and client together explore potentially overwhelming material.

While it is most probable that all psychodynamically oriented psychotherapists meet their clients in an attitude of generous spaciousness, the development of this capacity in the participants in this study is considered within the context of values and beliefs derived from their religious backgrounds. Here "background" refers to both a religious upbringing and ongoing spiritual development, or as one participant called it, "the full religious background." Ongoing spiritual development is represented by the maturing of a value system, a process that includes struggling to individuate from religious institutions and trappings, and by differentiating religion from spirituality. This development is reflected in a therapeutic attitude that is affected not only by positive religious experience but also by conflicts within individual therapists related to the influences of both their personal religious contexts and the context of professional psychotherapy.

There were many examples of generous spaciousness in the participants'

narratives. One, who spoke explicitly of the transpersonal being touched in therapy, indicated that the therapist's role is to "stay with" the client, to listen, honor, and respect that which is being deeply touched. While only one of the participants spoke explicitly about a "touching of the transpersonal," others' statements similarly reflected a spacious attitude that provides a safe place for touching both the personal and the transpersonal. One spoke of "directly perceiving" transformational shifts and moments of clarity or beauty in clients. Another spoke of showing up and letting God work from an intuitive place in herself that is a "soul place" where she and God meet. Another referred to the role of therapist as witness, which he compared with a benevolent priestly function and also referred to as a "God function." One said that if he will provide "a safe place" and "get out of the way" in relation to God's being with him in the therapeutic relationship then "something will happen," meaning that clients may find God, their "center," or order and meaning in life.

A generous spaciousness is also a countertransference attitude in the sense that the therapist's inner space can be penetrated by the client and at the same time permeated by God, a faith, or spirituality. It can be conceived of as situated inside the therapist in the tradition of conceptualizing countertransference as an instrument of understanding (Heimann, 1950; Racker, 1968), a receptive organ (Money-Kyrle, 1988), and an "organ of information" (Jung, 1954a, p. 71). Perhaps, for religious therapists and therapists who have faith in the transpersonal or spiritual, this receptive organ is experienced as a "soul place," the site of "intuition," which, as one participant stated it, is a place "where God and I meet in the middle of me." Another participant speculated that the spiritual and the

emotions come from the same place inside individuals. Perhaps it is such a place inside the therapist that is a broad, deep, tolerant, accepting, respectful, and fearless open space that is available to be used simultaneously by the client and by the "ultimate reality" (Joseph, 1987, 1988), whether it is referred to as the transpersonal, the spiritual, or God by spiritually or religiously oriented therapists.

This view of a generous spaciousness in the therapists in this study is represented in their statements about making themselves "available" to be used. In one way or another, all of the participants said, "Okay, God" meaning "Here am I, Lord." in the words of Biblical characters (I Samuel 3:4). It is a Jewish and Christian tradition to be available to be used, to surrender to being of service to others, and to be charitable.

In the word of one participant, another aspect of generous spaciousness can be seen in the role of therapist as "witness." This symbolic expression is reflected in participants' descriptions of sensory activity; they spoke of "listening" as physical, intellectual, and emotional action in therapy, and as an important attitude. Even though seeing was not mentioned explicitly as a sensory activity, it is an implicit aspect of an attentive, receptive, therapeutic attitude related to being a witness. One participant expressed this sensory activity as "staying with" a client and staying in touch with how she is "moving" on her path. She stated the importance of using "body awareness" as a means of perceiving what is going on with clients. Therapists typically use all their senses to attend to their clients; however, particularly in these therapists the senses are not only physical but are also the eyes and ears of one's heart and the intuition of one's soul, as A. Ulanov describes (1999). An internal spaciousness or generosity may be most innate to,

or most available in, therapists who come from and value a contemplative, meditative tradition, as noted by Shafranske (Sperry, 2001a, p. 174). They may be extraordinarily well prepared by their meditative background to listen in an attitude of waiting, sitting, holding a space open for the appearance of personal and transpersonal depth. Perhaps a highly developed capacity for opening a meditative space inside themselves extends itself into an ability to open a space in which to receive, accept, and understand clients. As one participant referred to it, this receptive phenomenon is a way of "directly perceiving" in relationship to clients.

Another aspect of spacious generosity is having an ability to tolerate feeling disoriented, fearful, or otherwise anxious. For most of the participants in this study this ability is gained by believing that God is present as witness and source of comfort, as resource, and as a constant companion in their work. For them, being in the therapeutic relationship includes being in relationship to God, as present in the cells and bones of the therapist who is also a consciously spiritual and/or religious person. All of the therapists expressed in various ways that they are always in relationship to God or the spiritual aspect of the human psyche. In the frequently expressed sentiment, "I am never alone," they identified feeling comforted and supported. Several participants stated the belief that God is present in the room with them, either inside themselves and/or as something outside themselves that accompanies them in their work, as noted by Aron (2004) and Corbett (1996). They feel that they draw upon this presence, which gives them the ability to stay in the room in the face of disturbing and potentially overwhelming suffering. The idea that God is present is a means of affect regulation for these therapists when they feel

confused, lost, anxious, scared, overwhelmed, or crazy. Others, who did not literally say, "God is present," indicated that their religious background has evolved into a sense of spirituality, which gives them faith in a trustworthy transpersonal resource. Faith, spirituality, or relationship with God provides them with a container in which to hold the work of psychotherapy, especially when professional training and knowledge are not enough and the therapist experiences the anxiety of "not knowing" (Bion, 1967/1988; Fordham, 1993). It is as if their faith is the larger vessel, containing the work and the individuals in the therapeutic relationship. Perhaps faith or religion functions to hold difficult material and emotions in ways that are similar to the use of poetry, language, symbols, metaphors (Pizer, 2005), or other secular phenomena to contain the therapeutic process, to hold the therapist and the client together in relationship, and to maintain the equilibrium of the therapist in the face of disturbance and suffering.

Dissonance in the Countertransference

Dissonance, confusion, doubt, and feeling lost can arise as countertransference reactions in the therapist, especially when there is conflict between cherished beliefs or values or when there is a struggle to reconcile disparate subjective experiences that are not readily explained by their beliefs. Since the beliefs of the participants in this study are not static but are evolving, they sometimes contribute to feelings of upheaval in the face of disturbing information in clients' material and in therapists' disturbing experiences in relation to clients.

Basic beliefs about human nature, the nature of the divine, and the interplay

between them affect the therapist in the course of his or her work. These beliefs affect therapists' attitudes toward clients as well as their reactions to clients. They influence what the therapist thinks about personal responsibility and individual behavior in the microcosm as well as the actions of humanity in the macrocosm. The beliefs of participants in this study included assuming as innate a concept of God or a spiritual aspect in humanity. However, several also describe a view of human nature that includes the capacity to choose to do ill rather than good. This view of human nature then led some of the participants to articulate their struggles to reconcile the manifestations of evil in the world and in their work with their cherished sense of having a spirit of compassion and non-condemnation toward humanity and their clients in particular. The participants explored the idea of evil in the world, not from an intellectual standpoint but in consideration of their feelings about human nature and the nature of God. Related to this exploration participants expressed some of the feelings that the dynamic development of their beliefs creates, including painful dissonance, intellectual struggle, and "countertransference crises" (Spero, 1995). An example of such a crisis is one participant's reaction to encountering "something very evil" that made her feel nauseated and shaky. She attributed this visceral countertransference reaction to the presence of evil where it was not expected, in a child. Her reaction appeared to be a disturbing confusion that was the result of a clash between her belief that children are "innocents" and her belief that "there is evil in the world." Through this and other experiences she has come to believe that evil is perpetrated as "an attack on innocents." Another participant referred to child abuse, particularly ritual abuse, as evil. She recounted a particularly disturbing

countertransference reaction in which she felt that she had encountered a presence. Her account of feeling a "horrible sensation" matches the abhorrence described in an account of a "consciousness of a presence" by William James (1902/1958, pp. 60-61). This participant came to believe that her reaction stemmed from the presentation of client material that overwhelmed her capacity to "tolerate and encompass" the unusual. Another who grapples with the idea of the presence of evil in the world referred to genocide as "big-time evil" that horrifies him. He has concluded that evil is a human choice but is not as innate as implied in a doctrine of "original sin," which he now sees as handicapping and not as the primary motivator of human action. These therapists see humans as "broken" or "wounded" but none expressed the view that they are inherently evil.

Another source of countertransference dissonance in these religious therapists is an intellectual struggle with the idea of a "latent moralism," as one referred to it. The fear is that moralism could sneak into the room or peek out from behind the symbolic ritual robes in the role of the therapist. While several participants stated a general fear of what one called his own potential "judgmentalism," others described particular biases against child abusers, oppressors, or people who seem morally misguided, people who have strong religious preferences, or people who seem to have no openness toward the spiritual. Most of them are aware of such strong negative feelings and find that they are in opposition to their equally strong desire not to impose their values on others.

One noteworthy exception to this fear of being judgmental is represented in the statements of one participant who has come to believe that it may be her moral obligation to guide clients. She expressed this view of her responsibility as a therapist as an

awareness of a conflict between her newly adopted orthodox religion and previously accepted "permissive" psychotherapy practices. Although her generosity toward clients lies in empathy for those who struggle with relationships and moral choices, her orthodoxy has created moral and values conflicts that could be a source of a constrictive countertransference attitudes and reactions.

In whatever guise, participants' beliefs and values about personal responsibility, free will, and choice-making or decision-making constitute assumptions with which they meet clients and by which reactions to clients are formed and informed. In general the participants in this study expressed the belief that individuals have free will; they make their own choices and are accountable for their own behavior. This means that neither God nor some evil force is responsible for one's personal decisions; even the participants who articulated a belief in evil attacks on innocents believe that individuals have free will and make independent choices. This philosophy is congruent with the value placed on personal responsibility and autonomy in the field of psychotherapy.

One participant, a Jewish person, articulated the belief that one is not forgiven for mistakes or bad choices, but is held accountable; one does not seek rescue or salvation but learns to "rescue" oneself. This participant contrasted this philosophy with the Christian view that forgiveness comes through an intervener who both comes from God and stands as a savior, mediator, and advocate between God and the individual. However, only three of the Christian participants specifically mentioned Jesus or a Holy Spirit functioning in any capacity. These participants and others referred to a relationship with God in which God is experienced as a benevolently accompanying presence in their life

and work. All of the participants commented on the individual's responsibility for making choices in life.

These therapists indicated that a connection with God is a constant "underlying process" or "current," as one phrased it, from which she would not want to be "unplugged," adding that if it were not present, she "wouldn't want to be in the world" because "it is such an important part" and it is "why we are here." A number of participants explicitly expressed dismay about working with clients who are disconnected from a spiritual source. They experience a loss of gratification in their work when, using one participant's word, they feel "blocked" from using themselves fully because the spiritual is completely undetected and, thereby, denied entry into the therapeutic process and relationship.

Invisible Diversity

Participants were eager to tell stories of their spiritual development as well as to relate their religious backgrounds to their work. They were grateful for a forum in which to speak about a formerly neglected subject, their own faith and its inseparability from themselves as psychotherapists. One participant used the term "diversity" in relation to the numerous factors within both therapist and client that could be either obvious, such as skin color and surname, or concealed, like belief systems, religious affiliation, and sexual orientation. She referred to a case in which a client consistently spoke ill of Catholics and said she hated them. This participant struggled with her own feelings while deciding whether to tell the client that she is Catholic; she finally decided against making the

disclosure because the therapy was going well.

Both seen and unseen, known and unknown differences can be sources of transference-countertransference reactions. A number of authors have written about the reactions that can occur between religious therapists and religious clients, whether they share a religious affiliation or have different religions (Kahn, 1985; Kehoe & Gutheil, 1993; Kochems, 1993; Peteet, 1981, 1985; Spero, 1981, 1985a; Zeiger & Lewis, 1998). Reactions can include the therapist's or the client's making assumptions about being special or privileged and about the role of the therapist to instruct and admonish or to be lenient and understanding. These reactions were most evident in the narratives of participants who are known to be religious, particularly in one who feels obligated to guide clients who experience struggles in the area of morality.

Further complications can arise when the faith or belief system of the therapist or the client is not known (Giglio, 1993). These reactions can include avoiding privileged religious material and off-limits subjects related to assumed shared beliefs or practices. This reaction was evident in the participants who indicated that they assiduously avoid disclosing their faith, particularly when clients express a strong religious preference or aversion, as in the example of the Catholic-hating client given above. Just as with any other diversity factor, visible or invisible, known or unknown, the client as well as the therapist can guess, project, assume, speculate and then act on the basis of such transference ideas regardless of the other's reality. Both members of the therapeutic dyad can enact avoidance when one or both of them have feelings of hostility or camaraderie toward the other, based on their assumed similarities and differences.

Countertransference as Attachment

Attachment behavior toward clients is evident among the participants in this study, particularly as identified by feeling tearful. Tearfulness is a countertransference reaction that is indicative of intersubjective feelings of attachment between the therapist and the client (Nelson, 1998). This attachment behavior is evident in participants' statements about feeling tearful when clients are touching something deep inside, such as "a very vulnerable, sad spot" in one person's words, and when clients who have struggled with abuse or oppression "come alive" through therapy. Participants also used the language of attachment to expréss their close connection to and love of such things in their personal and religious lives as music, dance, liturgy, the Mass, symbolic art, and architectural spaces of churches and chapels. For instance one said, "I am attached to the Mass"; another said that she and her family, "live the Mass"; and another expressed her experience of the Divine Liturgy with its art and architecture, incense, and movement as having "come home" and having fallen "in love." One articulated this sense of attachment in her view that her relationship to the Mass is "very personal and private and intimate."

Others said that being in church feels comforting, as if for them it is nurturing and maternal, even though they don't believe the doctrines or adhere to the strictures of a hierarchy. These expressions were emotionally charged for these participants. One participant explored his attachment to the ritual of the Mass and the possibility that he might have to leave this observance or that it might end with him and not continue into the next generation of his family. This exploration brought tears to his eyes during the interview. He acknowledged the emotion connected to the contemplation of this

separation and ending. It became apparent that attachment theory could be useful to explain his attachment to the ritual. It seemed so central to him, which might explain why he expressed such sadness thinking about the potential loss of or separation from the traditional ritual of the Mass. He explained that he felt comfort in church even during a time when he didn't believe in God, as Kreutziger (1995) described. Having identified his struggle: "I'm really struggling with separating church religion from spirituality," he said, "Ritual is an access to spirituality to me." Participants demonstrated their capacity for attachment in the descriptions of their admiration for their mothers' faiths and their appreciation of the personhood of priests in their lives. Priests were described as human, caring, helpful, intellectually stimulating, models of serving others, and not merely representatives of a formal organization. As one participant put it, "I was around priests in a very human way."

Using the language of attachment theory without acknowledging it, one participant said that her religious background gave her "a solid foundation" and "a base to look for more." In her development she has been individuating from the "religion" of her youth by "coloring outside the lines." She has developed the belief that "spirituality" is her "personal relationship with God" and that this relationship is a "bond." In the language of attachment theory, it gives her a "secure base" (Bowlby, 1988) that she can depend upon as both a foundation and a resource for support, both in her life and in her clinical work. It gives her the hope and the reassurance that there is "something more" to draw upon for healing and transformation, both in herself and in her clients.

Listening is also an attachment/caregiving activity for these therapists, as may be

typical for many others, as an aspect of their normal countertransference attitude. For conscientious therapists conversation is more than just what meets the ear. It is an act of attunement that has been described as listening with the "third ear" for the participation of the unconscious. To re-phrase the participants' words, it requires listening for the transpersonal or listening in a "broader context" or like being open to "directly perceiving" or believing there is "something more" or opening up a respectfully curious space of inquiry rather than directing the conversation as if in an investigation. It is listening for what the client is trying to tell the therapist obliquely, that he or she can't tell the therapist directly, either because he or she does not know it or is afraid to know it, but at some level wants the therapist to discern it (Winnicott, 1963/1965a). Sometimes this listening is a form of intuiting unconscious material. Sometimes it is hearing "foreshadowing," a process in which the therapist hears information and wonders whether it will come up again or be needed later, as if no information received is ever wasted.

Giving comfort to a suffering or grieving client is also an attachment behavior by the caregiving therapist (Nelson, 2005). It is a parental response to distress in a child or to a client who needs soothing and reassuring. It conveys the trustworthiness and reliability of the caregiver. It is an affect-regulating behavior, used with both children and clients who need comfort and reassurance in relation to grief, loss, trauma, fear, hurt, embarrassment, abandonment, rejection, and cumulative emotional neglect. The desire to be comforting is part of being open, accepting, tolerant, non-judgmental, and relational. This desire sometimes has drawbacks, too. Being caregiving or comforting toward clients can contribute to the provision of a generous spaciousness, but it can also slip over into

being too sympathetic, too flexible or accommodating and not holding the frame of psychotherapy that is necessary to adequately contain the process (Langs, 2004). As one participant said, being too charitable can undermine or discount the client's strengths and independence. Seeing oneself as comforting can make the therapist feel too virtuous, which can inhibit the therapist and cause him to miss or avoid the more "earthy things," as one participant expressed. Feeling too gratified by being kind or too proud of being of service can separate the therapist from the client by taking attention away from the client and turning it toward the therapist.

Discussion of the Findings With Respect to the Literature

The conceptualization of "a generous spaciousness" will be related to literature on potential space, attachment, and intersubjectivity. Following this will be a discussion of the findings as related to literature on countertransference and the relevant current research.

Generous Spaciousness and the Literature Regarding Potential Space, Attachment, and Intersubjectivity

The concept of generous spaciousness as demonstrated by the participants in this study grows out of an expanded conceptualization of "potential space" (Winnicott, 1971a). The idea is that a therapist's faith can be a resource for providing and sustaining potential space in psychotherapy. A. Ulanov (2001) looks at Winnicott's "potential space" from a Jungian perspective, which helps to further illuminate the concept. She

describes "Finding Space" both within and between personal and transcendent reality in psychoanalysis. Concepts from intersubjectivity theory such as "sustained empathic inquiry" and mutuality in the therapeutic relationship (Sorenson, 1997, 2004; Stolorow & Atwood, 1992) as well as affect regulation and caregiver attunement from attachment theory (Bowlby, 1988; Nelson, 2005) are also relevant to the idea of generous spaciousness.

Winnicott's concept of "potential space" speaks of a space in which play and creation take place between the therapist and client. Originally in a child's development the potential space is the space in which transitional phenomena occur and which both join and separate inner and outer reality as between mother and child (Winnicott, 1971b). Winnicott emphasized the importance of holding and not resolving the paradox symbolized by the transitional object, which is both created and found by the infant who is dealing simultaneously with the feelings of being omnipotent and discovering his impotence. The infant stage transitional phenomenon is also the prototype for cultural potential space that both holds and originates the self and its creativity (Winnicott, 1971a). Winnicott also refers to this space as an "intermediate area" or a "third area" that is between and shares in the two areas: "personal psychic reality and the actual world with the individual living in it" (p. 102). In other words, the "intermediate area" both separates and connects and, according to Winnicott, "throughout life [it] is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work" (p. 14). In the culture, potential space is the facilitating environment in which creativity, including art and religion, takes place (Winnicott,

1960/1965b, 1971a). Winnicott further states that, "The potential space . . . can be looked upon as sacred to the individual in that it is here that the individual experiences creative living" (Winnicott, 1971a, p. 103). It is interesting, in view of the findings of this study, that he refers to a trustworthy, reliable environment as "sacred" and relates it to a therapeutic potential space. It follows that the therapist who approaches therapeutic work with an attitude of generous spaciousness provides a potential space in which a client can heal and come into being.

Analytical psychologist Ann Belford Ulanov, combining Jung's and Winnicott's ideas, views countertransference as the therapist's experience in the potential space of mutually influencing transference-countertransference dynamics. Referring to "the transference-countertransference field between" the analyst and the analysand (A. Ulanov, 1999, p. 11), she describes how the "Self-dynamics" of both the analyst and the analysand come into this field and how the analyst can be aware of them: "To be alert to countertransference means we explore our physical responses, our conceptual framework, and the sigh of our souls too deep for words" (p. 11). While the participants in this study did not use this language, there is evidence in some of their statements that they did recognize their physical responses and the sigh of their souls being touched by the sigh of their clients' souls in the countertransference. It is in this physical and spiritual sensory space that countertransference can be said to exist and to provide the potential space in which psychotherapy can take place. In A. Ulanov's view religion can be seen as informing and infusing a countertransference attitude (A. Ulanov, 1982, 1999, 2001). In this study the therapists experience religion within themselves as a resource. It is a source

of comfort for them and their clients; it gives them a gracious and empathic attitude of generous spaciousness, which can be seen as an example of a countertransference attitude.

Thus, it can be said that a potential space is provided and sustained by the therapist's faith. While religious values can be a source of dissonant feelings and internal emotional, intellectual, and visceral conflicts, the participants in this study describe an evolved faith as a source of fortitude for tolerating dissonance. This faith is rich and deep, having evolved from a religious foundation to become an integrated and internalized resource. Such a sustaining faith is a means of calming anxiety that allows the therapist to withstand disturbing material and feelings stimulated in the open and protected space of psychotherapy. Their faith strengthens the therapeutic container, in the Winnicottian sense of a "holding environment"(Winnicott, 1965c) and in the Jungian sense of a vessel (Jung, 1954b), and lets the therapist both gently and firmly hold all that comes into the therapeutic process and relationship. One participant described his evolution from constricted religious and psychoanalytic views to what he sees as a more open, curious "Jungian" approach in regard to his views of human nature, spirituality, and his role as a therapist. Other participants also describe the evolution of their views of religion into a sense that having a faith supports and encompasses them and their work. This depiction of faith as both central and transcendent is like the Jungian model of the Self that is both an archetypal center and a transcendent reality that is an encompassing or embracing environment and that also directs personal development (see A. Ulanov, 1999, 2001). As such the integral and transcendent faith is like a potential space, or perhaps is indeed *the*

potential space that both comforts and challenges the individual therapist in the work.

Hoffman (2004), in a re-examination of the life and work of Fairbairn and Winnicott, sheds light on the significance of a religious background, or "narrative," as it can affect the development of theory and practice. She explains that the "Christian narrative" is based in "Judaic belief in a multifaceted, personal God in whose image humans were created and by whom life is sustained. That narrative speaks of human failure and God's design to ultimately redeem creation" (p. 781). She discusses Calvinism and Methodism as contrasting branches of this Christian narrative. While Calvinism emphasizes human failure referred to as "depravity," which separates humanity from God, Methodism emphasizes redemption. Redemption has to do with being in relationship with God who created humanity in the image of God and who loves and desires relationship with humankind. Hoffman outlines the basic tenets of the Calvinism that affected Fairbairn and of the Methodism that affected Winnicott. She goes further to posit that Judeo-Christian religious views, particularly about God and human nature, contributed immensely to the "relational shift" in psychoanalysis (p. 769), and she cites Mitchell and Black's explication of this shift (Mitchell & Black, 1995). She also calls attention to Rodman's statement that Winnicott had a "Christianizing" effect on psychoanalysis (Rodman, 2003). Fairbairn's Calvinism splits good and evil between God and man: good resides in transcendent God and evil in the unconscious inner darkness of humans. Winnicott's Methodism, on the other hand, allows for the presence of innate goodness in human nature and a God who is as immanently available as a good-enough mother. This view of human nature and God is reflected in Winnicott's view of individual

self-development that optimally takes place in a "facilitating environment," otherwise known as a "holding environment" (Winnicott, 1965c). This environment becomes the "potential space" (Winnicott, 1971a). Hoffman suggests that therapists' religious backgrounds, likewise, come into play in their work; in her phrasing, they "peek through from their substratum of historic richness and press to be acknowledged if we will look" (Hoffman, 2004, p. 801). This statement appears to be no less true for master theorists like Winnicott and Fairbairn than for other therapists who have a religious background. Borrowing a term from attachment theory, a religious background provides the therapists in this study with a "secure base" (Bowlby, 1988) for providing a secure potential space for clients. In this study therapists' descriptions of their receptive attitudes indicate that they employ receptive, listening technique known in relational and intersubjective approaches as "sustained empathic inquiry" (Sorenson, 2004; Stolorow & Atwood, 1992). Contemporary psychotherapy practice also emphasizes relational and intersubjective approaches that are characterized by "mutuality" in the therapeutic relationship (Aron, 1996; Sorenson, 2004; Stolorow & Atwood, 1992). In a statement that reflects the sentiment of the participants in this study, one succinctly stated, "Treatment in a real spiritual sense is relationships." Thus, it can be asserted that the spiritual is intrinsic to therapeutic relationships in which religious therapists are involved (Aron, 2004).

Generous Spaciousness Related to Countertransference Literature

Religion as an aspect of countertransference is not well represented in the professional literature. This neglect is reflected by the participants in this study, who did

not spontaneously link their religious background or experience to countertransference. Nevertheless, the literature on countertransference sheds some light on the findings of the study, since experiences revealed and explored by the participants contain countertransferential attitudes and reactions, as defined in this study.

The countertransference literature includes Stein's concept of a "countertransference attitude" (Stein, 1984) that can be seen as having the potential to provide a generous spaciousness. Stein recommends that analysts recognize their typical "countertransference attitudes" and the "countertransference reactions" that disrupt them. In his view "countertransference attitudes" are enduring and persistent; they have their roots in the therapist's childhood environment in which the child was nurtured, as well as in the therapist's nature, which Stein refers to as "an archetypal core" (p. 85). He states that the countertransference attitude is related to the analyst's style of working; it is adjusted and sharpened by training and experience. He connects the caregiving an analyst received in childhood and the treatment he or she received in training: "One treats others analytically as one was treated oneself" (p. 85). Stein does not cite Winnicott, but the implication is there: that self development occurs in the context of a caregiving environment (Winnicott, 1965c). This view is echoed in attachment theory and is reinforced by research about analysts treating religious material as it was treated in their own analyses and training (Cohen, 1994; Sorenson, 1994).

Stein's sense is that the countertransference attitude is a "constant presence throughout analysis" (Stein, 1984, p. 86). "Countertransference reactions," on the other hand, are temporary and fleeting; they disrupt the countertransference attitude (p. 86).

Stein makes the following recommendation: "For useful analysis, the analyst should know what his or her countertransference attitude is, and what is a reactive, possibly a compensatory, departure from it" (p. 87). The therapists who participated in this study generally demonstrate an attitude of empathy and generosity that they attribute, in part, to their religious foundations and spiritual development.

Other relevant literature related to countertransference includes that of Samuels (1985, 1989) who explains countertransference in terms of "images" that include visceral, intellectual, emotional, and spiritual phenomena in the therapist's experience. He states (in an allusion to Biblical language):

> In the countertransference experience, the image is being made flesh. Where that means that the Other (the patient's psyche) is becoming personal (in the analyst's body), I would conclude that an analyst's countertransferences may be further understood by regarding it as a religious or mystical experience. (Samuels, 1989, p. 165)

Samuels' "images" are not intellectual constructs or simply thoughts that come to mind. They are like the attitudes and experiences of the therapists in this study who spoke of directly perceiving or intuiting and who described empathically or viscerally experiencing without the mediation of thought. Samuels is describing an empathic attitude that seems to be reflected in the countertransference attitude that is conceptualized here as "a generous spaciousness" observed in the therapists in this study. Samuels' view of countertransference is comprehensive, not only in the number of psychoanalytic and Jungian sources he cites but also in its inclusion of ordinary and extraordinary

experiences within the therapist. The elements of his view that are most relevant to this study include Jung's idea that countertransference is "a highly important organ of information" (Samuels, 1989, p. 147), Winnicott's idea about a "third area" or an "intermediate area" that is the potential space, and Kohut's concept of "vicarious introspection," which Samuels refers to as a "mysterious definition of empathy" (Samuels, 1989, p. 146). Conceptualizing countertransference as imaging is an expansion from the usual way of thinking about countertransference.

A professor once said, "Listen to the songs" (R. Simpson, lecture, May 1983, University of Utah). This was my first glimpse of the use of countertransference as a way of receiving helpful information. Samuels' conceptualization of countertransference lends credibility to this view of countertransference as a source of information that is reflected in the experiences of therapists in this study. His view supports the idea that the transference-countertransference unit constitutes the potential space in which the therapeutic process takes place. This unit is depicted, by Jungians, as a set of dialectical relationships between the therapist and the client; these are the relationships between (a) the conscious and unconscious within the psyche of each individual in the unit, (b) the conscious "egos" of the two, (c) the unconscious parts of the psyche of the two, and (d) the conscious part of one and the unconscious of the other (Jacoby, 1984; Jung, 1954b). A. Ulanov's conceptualization of potential space takes a step further toward seeing the transference-countertransference unit as constituting a potential space that is a "sacred space" (A. Ulanov, 2001).

Alongside Samuels's radical view of countertransference as all of a wide variety

of subjective experiences is Spero's view that countertransference can include a broad range of experiences, from well-known avoidance and idealization reactions and enactments (Spero, 1981, 1985a) to "crises" that are both extremely disturbing and very informative for the therapist (Spero, 1995). While Samuels and Spero do not reference each other's works, they seem to have similar views of the ordinary and extraordinary possibilities in the countertransference. Spero refers to a "countertransference crisis" that can occur as a psychotic process in the therapist who is attempting to understand the psychosis of a client (Spero, 1995). In an article entitled, "Hearing the Faith in Time" (Spero, 2004), he also describes a use of the countertransference to directly perceive the client's inner struggle when the client cannot name it. He refers to this way of "hearing" as listening that is a "divine quality" (p. 1014). This idea is similar to that of the participants who emphasized listening with the whole self, directly perceiving without actually anticipating or expecting the appearance of the spiritual or transpersonal, and listening in the context of the therapist's "ministerial" role. Both Samuels' and Spero's views of countertransference can be applied to an understanding of the unusual experiences of the participants who reported having uncanny spiritual experiences in the course of their work. One felt nauseated and shaken in reaction to an encounter with a child in which she believed that evil was present. The other, feeling a "horrible sensation," dismissed an apparition with the words, "In the name of the Lord Jesus Christ, get out." These experiences can be seen as the therapists having received the clients deeply within themselves and the therapists having been affected in such a way that a "countertransference crisis" (Spero, 1995) was produced.

Another Jungian who makes references to these types of experiences is Corbett (1996) who argues for the existence of "a religious function of the psyche." He refers to uncanny spiritual experiences as "contact with the numinosum," citing William James's descriptions of such encounters (James, 1902/1958). Corbett describes these experiences as producing a sense of awe, insignificance, and humility, rather than inflation, in the person who has such an encounter. He asserts that, "The appearance of the numinosum is fairly common during the course of psychotherapy" (Corbett, 1996, p. 13) and lists a variety of forms in which it can occur, including those reported by participants in this study, specifically in dreams, visions, experiences in the body, and in "the transference/countertransference aspects of psychotherapy" (p. 15). He also notes the reluctance of therapists to share these experiences with their colleagues, like the participants in this study who fear the criticism of other professionals, yet readily spoke about their experiences in the interview.

Related Research

The concept of a generous spaciousness represents my understanding of the study participants' views on the therapist's role as it is affected by their religious experience, feelings, and attitudes. The maturation of these views parallels and incorporates the liberalization and expansion of their views of religion. This expansion, although apparent in all of the participants, is best articulated in key phrases of a few. One said that she takes a "broader view" of human nature; another expects to find "something more"in an innate spirituality that is a resource for herself and her clients. These participants'

descriptions of themselves as therapists fit the concept of a "comfort-challenge dimension" developed by Simmonds (2004) on the basis of her research on spirituality with psychoanalytic psychotherapists. (Simmonds' article had not come to my attention at the time of writing the Literature Review; however, it sheds light on the topic and, therefore, is included here.) Simmonds' "comfort dimension" incorporates "having a 'wider view'" and "a sense of interrelatedness" (p. 966). The experience of participants in my study fit into this "comfort dimension" as indicated by their descriptions of relatedness to God who is experienced as companion and comforter by the therapist. They expressed the hope that they are experienced by the client as a companion and comforter as well. Their "wider view" is seen in their taking a "broader context" and their looking for and drawing upon "something more." Perhaps it is the existence of such a comfort dimension that makes it possible for therapists to be open and able to encompass and entertain the "challenge dimension," which Simmonds describes as follows:

> Participants also described what can be seen as a *challenge* dimension, regarding a greater sense of the unknown, a greater degree of uncertainty, with ramifications of greater responsibility for one's actions and, for some, a responsibility to undertake spiritual practices in order to develop inherent potential. (p. 966)

This dimension is reflected in the statements of participants in my study who commented about their religious or spiritual development and the experiences with which they have wrestled and that have affected them in their work, including experiences that have been unusual and uncanny, frustrating and disappointing, and fearful. Their statements about the responsibility of the therapist also reflect Simmonds' concept of a challenge

dimension, which includes a sense of responsibility, both for one's actions and for spiritual development. As one participant said, "In order to be a really good therapist . . . one has to . . . develop one's spiritual side." Another articulated her sense of a moral responsibility as a challenge that is inherent to carrying a religion within herself. The comforts and challenges, gratifications and dilemmas in relation to the religious in the transference-countertransference are also taken up by a number of authors who are not researchers (Goldberg, 1996; Kahn, 1985; Kehoe & Gutheil, 1993; Peteet, 1981, 1985; Sahlein, 2002; Spero, 1985a, 1995, 2004).

The findings of the current study parallel a number of other factors found in Simmonds' research (2004). For instance, she found that "Spiritual *experience*, rather than an organised belief system, was seen as central" (p. 959); this is similar to the experience reported by the participants in my study. Using the term "blocked" in the same way as one of the participants in my study, Simmonds said that among her participants, "Spiritual 'capacity' was regarded as something that could be blocked or developed: development was considered by some to be a responsibility" (p. 960). This sentiment is also evident in the statements of participants in my study who felt that the therapist who does not develop a "spiritual side" misses an important part. It is difficult for them to work with satisfaction with clients who are blocked off from any sense of the spiritual in their own lives. Simmonds reports that her participants drew on a "quality of mind" putting psychoanalytic theory aside; she referred to Bion's (1967/1988) attitude of "being 'without memory and desire'" in relation to this way of hearing and receiving clients. (p. 963). The participants in my study likewise spoke of "bringing mind into heart," of

"directly perceiving," and "looking for something more." It is not so much an attitude of anticipating or expecting the spiritual or transpersonal to show up, but more "hearing" it when it does. Other authors specifically note the importance of "hearing the faith" when it appears (Cornett, 1998; Knoblauch, 1997; Spero, 2004). Simmonds comments that the psychoanalysts in her study wanted this kind of hearing to happen in their own analyses as well as in the analyses they conduct (Simmonds, 2004), citing a participant who said, "Often we're deaf to it, or we just choose not to know" (p. 963). Though she does not cite it, this finding reaffirms those of Kochems (1983), Cohen (1994), and Sorenson (1994) who found that analysts in training treat their analysands' religious material the same way theirs is treated in their own analyses and in their training. It is usually ignored even though they might have wanted religious material to be heard (Kochems, 1993).

This desire to be "heard" is reflected in the comments of participants in my study who expressed their appreciation for the opportunity to tell stories about their religious experience in relation to practice. As Simmonds noted in her participants, individuals tend to use "narratives" when their experiences "are difficult to speak about" (p. 955). My participants were both eager and reluctant to tell their stories; in this sense their experiences were "difficult to speak about."

Limitations

All aspects of the therapist's life and work can contribute to countertransference. In this study, only religious background as life experience (Strenger, 2002) is considered. Another limitation of this study is the fact that the therapists who volunteered to

participate all described their current faith as integral to themselves as individuals and inseparable from themselves as professional persons. No one who was completely disaffected from religion volunteered to participate. Although many of them became less involved in doctrine and church or synagogue, they maintained a spiritual identity that they see as part of their development. This development informs their practice and brought them into this study. They are all individuals who have currently positive relationships with either a faith or religion. It would have been interesting to include someone who felt negatively toward religion at the present time. In addition those who had religious convictions or affiliations that were obvious before the interviewees were selected were excluded from the sample of participants because their interest seemed too much motivated by the importance of their faith. They did not meet the criterion that participants be therapists who subordinated their faith to their professional identity and work.

Another limitation experienced by at least one participant is that the interview was semi-structured. She commented on the feeling of uncertainty she felt at the end of the interview due to this perceived lack of structure. The semi-structured nature of this method also resulted in not all areas being covered in equal depth or breadth in each interview. There were differences in depth of exploration in each one, partially due to the lack of structure of the interview and partially due to the style and openness of the participant. For instance, not all of the participants commented on "body awareness" or an embodied countertransference.

In addition to these exclusions and parameters set in the methodology, another

limitation of the study is inevitably imposed by the researcher and the participants themselves. Since countertransference is largely unconscious, researcher and participants alike are subject to certain biases and prejudices that operate outside their awareness. Narrative responses capture only what they think they know or can consciously perceive.

Another limitation is bound up in the possibility of misinterpreting the data when using an exploratory study method. In that the participants did not all have the same level of theoretical knowledge and consciousness of countertransference, it is incumbent upon the researcher to adhere closely to the data and to provide interpretations that are congruent and faithful to the understanding of the participants. In general they hold a traditional view of countertransference as the therapist's reactions that threaten to disrupt the therapeutic process; they did not explore their experiences in terms of "countertransference attitudes." However, they made themselves vulnerable, engaged in dialogue, and appreciated the opportunity to talk about religion in relation to their work. In doing so, they provided rich information, raw material that was significant and helpful in this exploration of countertransference phenomena among therapists with religious backgrounds.

This study does not address morality, ethics, or values in psychotherapy as they broadly encompass religion. There are numerous readings on psychotherapy and ethics, morality, and values, including two excellent books by Jungians (Beebe, 1992; Samuels, 1989).

Also excluded are the arguments related to the areas of spiritual competence, religious diversity, assumed biases against conservative religions, and spiritually oriented

approaches to psychotherapy (Hodge, 2002a, 2002b, 2004; Koenig, 2000; Sperry & Shafranske, 2005; Worthington, 1993), except as they relate to data that emerged in the interviews.

Future Research

This is a study exploring the countertransference of therapists who have a religious background. It is not a study of countertransference in general, but of some gleanings from conversations with therapists who wanted to talk about their religious experience vis-à-vis their practice. While it may be assumed that psychodynamically oriented psychotherapists generally meet their clients in an attitude of generous spaciousness, the participants in this study depicted the development of this capacity as an outgrowth of their religious backgrounds. It may be that the closer they remain in their current lives to the religious influences of their youth and culture, the more therapists might attribute these qualitative and subjective factors to the origins of their faith. To the extent that they have diverged from the original religion, the more they might attribute the development of such things as values and sense of self to developments in the whole of their lives. Future research could address these questions with religious, formerly religious, and non-religious therapists to explore their sense of the origin of their capacity for empathy, providing a potential space, or a generous spaciousness.

On the basis of this study the question remains: If we are a profession that encourages openness about internal feelings and experiences, then why have many professional psychotherapists felt inhibited from talking about the religious and spiritual,

and how has this inhibition affected clients and what they can and cannot talk about with their therapists? It would seem to be a blind spot in the profession (Kernberg, 2000; Kung, 1979). An area for further research could begin with the questions, why and to what extent have therapists been inhibited from talking about the religious and spiritual aspects of clients' lives and their own, as recognized by Corbett (1996). Researchers Cohen (1994) and Sorenson (1994, 2004) report on preliminary research in this area with the finding that therapists in training tend to do what their analysts or therapists did, which is, to a great extent, to ignore the spiritual. Kochems (1993) made the point that whether religious material is revered or rejected, it is ignored in therapy, citing his own previous research (Kochems, 1983). In this context it is interesting to note that Hoffman (2004) suggests making further inquiry into the "religious narratives" of theorists, and I would suggest making further inquiries into the religious narratives of practitioners as well.

APPENDIX A

RECRUITMENT LETTER TO COLLEAGUES

Date

Dear

I am currently in the dissertation phase of the Doctoral program at the Sanville Institute in Berkeley, California. I am writing to ask your help in recruiting participants.

My qualitative study is on the countertransference experiences of psychotherapists who have had a strong religious background in a Jewish or Christian tradition. I will be exploring the subjective experience of these therapists in the course of doing psychotherapy. While there has been a great deal of attention paid to religion and spirituality in clients' lives over the past decade, very little attention has been focused on religious influences in therapists' lives and how those influences might affect therapists in the course of their work.

I am looking for a small number of experienced psychodynamically-oriented psychotherapists from any of the mental health professions who identify themselves as having had a strong religious background. "Experienced" means therapists who have been in practice for at least ten years.

I will spend 60 to 90 minutes with each participant in a semi-structured interview that will be audio-recorded. The place and time of the interview will be arranged for the convenience of the participant.

Do you know of anyone who might be appropriate for this study and interested in it? If so, would you either tell them about the study and ask them to contact me, or give me their names and contact information, and I will contact them directly. You may also contact me yourself if you are interested in participating in this study.

My address and phone number are at the top of this letter. I can also be reached by email at silvalcsw@pacbell.net.

Please contact me if you have any questions.

Sincerely,

Nancy Silva, LCSW
Doctoral Candidate, The Sanville Institute

APPENDIX B

RECRUITMENT ADVERTISEMENT FOR NEWSLETTERS

Ad to be submitted to newsletters of the Sacramento/Davis and the San Joaquin Yosemite Districts of the California Society of Clinical Social Work, to the statewide newsletter of the California Society of Clinical Social Work (*Clinical Update*), and to newsletters of the Delta-Stockton, the Valley Sierra, the Central San Joaquin Valley, and the Sacramento Valley Chapters of the California Association of Marriage and Family Therapists:

SEEKING PARTICIPANTS FOR RESEARCH STUDY. Psychotherapists with at least 10 years experience, who are psychodynamically oriented, and who have had a strong Christian or Jewish background will be interviewed about their thoughts on their religious background and how it affects them in the course of their work. If you are interested, or would like to hear more, please contact me: Nancy Silva, LCSW, doctoral candidate at The Sanville Institute. (209) 569-0872, or silvalcsw@pacbell.net.

APPENDIX C

LETTER TO PROSPECTIVE PARTICIPANTS

Date

Dear

Thank you for your interest in participating in my doctoral research. This exploratory research will look at the affect of a psychotherapist's strong religious background on the therapist as he or she works with clients. I will focus on the therapist's subjective experience, known as countertransference, and the potential for a religious background to enter into the thoughts, feelings, and experiences of the therapist in the course of the work.

Focus on religion and spirituality are on the rise in the United States. Research shows that many psychotherapists come from mainstream religious families, either Christian or Jewish. It is assumed that therapists' life experiences enter into their professional values, views, and practices. A religious background can be seen as a set of life experiences that can affect therapists.

I will conduct one, possibly two, 60 to 90 minute audio-recorded interviews. The time, location, and length of the interview will be at your convenience. Interviews will be transcribed and coded to determine the central themes of this topic. All interviews will be confidential.

Please take a few minutes to review the enclosed Informed Consent Form, which you will be asked to sign if you become a participant in this study. Please fill out the enclosed screening form and return it in the enclosed stamped, addressed envelope. Upon receipt of the form, I will review the information you provide. If you meet the criteria for this research project, I will call you to set up an appointment.

Thank you for your interest in participating in this study. If you have any questions about the study or procedures I am using, please feel free to ask me about them.

Sincerely,

Nancy Silva, LCSW
Doctoral Candidate, The Sanville Institute

APPENDIX D

INFORMED CONSENT FORM

I, _____, hereby willingly consent to participate in the study on how a psychotherapist's religious background affects the therapist in the course of his/her work with clients. This doctoral research project will be conducted by Nancy Silva, LCSW, under the direction of Sylvia Sussman, Ph.D., principle investigator and faculty member, under the auspices of the Sanville Institute.

I understand the procedures to be as follows:

An audio-recorded interview of about 60 to 90 minutes duration will occur in a confidential setting to be arranged between myself and the researcher. I will be talking about religion in my background and experiences in my work that could be considered in a religious light. I am aware that the audio-recording might be sent to a transcribing service. I understand that no name or other identifying information will appear on the transcript. I am aware that the recording and the transcript will have an identifying number rather than my name.

I am aware that there is little risk for emotional discomfort involved in participating in this study. However should this occur, I will be able to contact the researcher who will make provision for me to receive professional help, up to three sessions, to resolve issues related to participation in the research study, at no cost to me.

I understand that I may withdraw from the study at any time.

I understand that this study may be published and that my anonymity will be protected unless I give written consent to any disclosure of confidential information. No names or individual identifying information will be used in any oral or written materials. The audio-recording will be erased at the completion of data analysis.

I understand that I have the option to receive feedback from the results of the study. Please send me a summary of the results at the address below. Yes ___ No ___

Signature:_____ Date:_____

If you would like a copy of the results of this study, please provide your name and address:

Name _____

Address _____

APPENDIX E

PERSONAL INFORMATION AND RELIGIOUS BACKGROUND FORM

As an indication of your interest and willingness to participate in this research project, please complete this questionnaire and return it to me in the enclosed stamped, addressed envelope.

Name_____

Address

_____

Street *City/State* *Zip*

Telephone (day) _____ (evening)_____

Email address _____

Profession and year of licensure:

Clinical Social Worker _____

Marriage and Family Therapist _____

Psychologist _____

Psychiatrist _____

Please briefly describe your religious background _____

_____

_____

_____

_____

_____

_____

APPENDIX F

INTERVIEW GUIDE

Introduction

Thank you so much for agreeing to this interview and for being a part of my research project. As you know, I am interested in hearing about your religious background and your awareness of how it affects you or has affected you in the course of your work. I am hoping you can help me look at the ways that a religious background plays into our thoughts, feelings, attitudes, actions, and sensate experiences, as therapists. As we talk, I'd encourage you to bring up examples from your experience in practice that will help me see how religion plays in. Let's begin by your sharing your initial thoughts and associations about the research topic.

The Therapist's Religious Background

Early religious background (training, education, family history, current religious affiliation of family of origin)

Religious trajectory or spiritual journey since youth

Current religious affiliation and practices

Current beliefs about religious experience

Religious Content in the Work

Spontaneous occurrences that might have been considered religious

Occurrences of religious content (such as lines of scripture, melodies or lyrics of

hymns, scenes from biblical stories, or moral teachings)

Poignant emotions, unusual sensations, or extraordinary images that, upon reflection, might have had a religious or spiritual dimension to them

Perceived advantages and disadvantages of having had a religious background

Work with religious clients

Effects of clients' awareness (if any) of therapists' religious background (or a current religious affiliation or practice)

Meaning Attribution

Therapist's explanations, understanding, associations to the experiences discussed

Sources of these experiences

Meaning of the experiences

Countertransference

Whether the experiences are taken to be countertransference

How countertransference is understood

Countertransference as a positive or negative force

Closure

Anything the participant wants to comment on or add

Participants' experience of the interview

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