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God as other, God as self, God as beyond: A cognitive analytic perspective on the relationship with God

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A case is made for the importance of working with religious material psychotherapeutically whilst at the same time being attentive to the pitfalls that may arise in doing so. A clinical vignette is presented illustrating some of these difficulties. Connections between constructions of self, other, and God are discussed using reciprocal roles, a concept from cognitive analytic therapy (CAT). A perspective offering a multiple and 'voiced' nature of self is explored; parallels are drawn with descriptions of God; and therapeutic implications are discussed.

This paper is about some of the issues that may arise when engaging psychotherapeutically with religious issues. We start with a vignette to introduce some of the clinical issues that were presented in working with a religious individual. The issues raise questions concerning links between our relationships with others, with ourselves, and with God; this further leads us to consider the nature of the self that may be thought of as having these different relationships. These questions are explored using cognitive analytic theory (CAT), which seems to offer a way of conceptualizing possible points of connection between these various relationships and constructs. The implications of the discussion are considered from both a clinical and theoretical perspective at the end. Although space does not permit a full account of CAT, it may be helpful initially to give a brief introduction to reciprocal roles, which is a central construct of CAT and the main cognitive analytic tool used in this paper.

Ogden's (1983) Fairbairnian restatement of object-relations theory is at the heart of the CAT notion of reciprocal roles (Ryle, 1995, 1997; Ryle & Kerr, 2002). CAT assumes that personality development occurs in an interpersonal context and that the child's experience of 'self' and 'other' in early significant relationships is internalized, forming the reciprocal roles that describe both individuals' sense of themselves and the basis of their patterns of relationship.

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A reciprocal role, which is often depicted diagrammatically (as in Figs 1, 2, and 3), describes the tendency for one relational position to be played out and the other to be elicited at any one time. For example, a controlling mother may have a controlled child. Over time, that child internalizes, and learns to re-enact with others both the 'controlled' and the 'controlling' role, eliciting from others the complementary role (see Fig. 1). This forms the basis of the CAT understanding of transference. Patterns of self-management are also described through the same reciprocal roles, in which we identify with the parent-derived role acting in relation to the child-derived role. In this example, the parent-derived part of the self would be controlling of the child-derived part of the self, and as this becomes tighter, the person veers further towards overcontrol and obsessionality.

When a person's development has been free of extreme trauma, the various reciprocal roles commonly utilized operate as an intercommunicative self-regulating repertoire. This means that each reciprocal role is operating in a context of other options that will impinge if any reciprocal role appears to be too intense or enduring. Figure 2 illustrates a typical repertoire of key reciprocal roles.

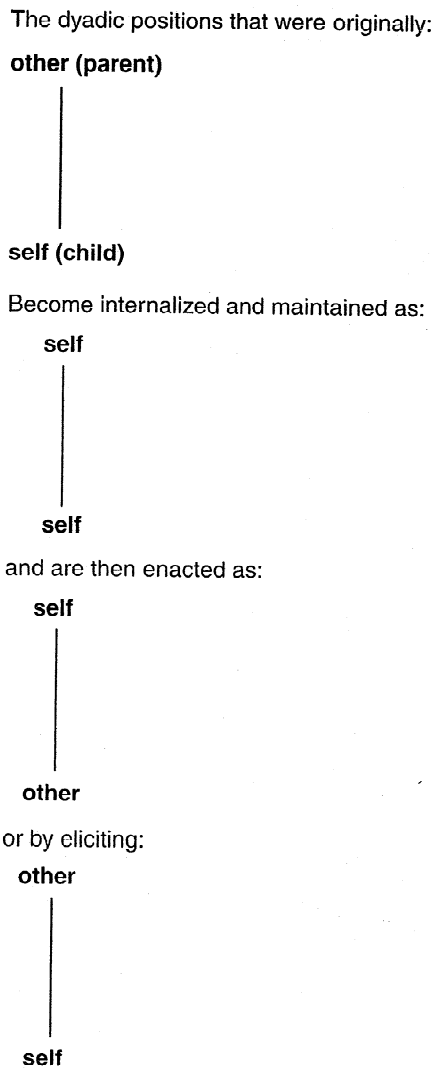

Figure 1. Internalization and re-enactment of reciprocal roles.

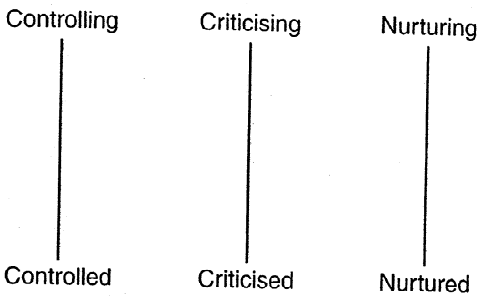

Figure 2. Communicative inter-regulation.

In the face of trauma, (i.e. disturbed communication with the environment), there is a collapse in intra-psychic communication involving dissociation and the encapsulation of the attention within intense states. In its simplest form (see Fig. 3), this is depicted in CAT as a split or 'broken egg' (Ryle, 1995, p. 33). The split in the egg, or self, represents the splitting process that is such a common feature in people with features of personality disturbance, with the top and bottom halves depicting idealized and denigrated reciprocal roles, respectively. The relationships are both internal and external, as well as current and historical.

Clinical vignette Chris

Chris was a 55-year-old Irish woman who was referred for periodic depression and anxiety triggered by incidents of rejection. She attended a single assessment session with me (R.M.). All identifying information has been disguised to maintain anonymity.

Background

Chris was brought up as a Catholic. Her father was a 'dictatorial', alcoholic, and physically abusive general practitioner. Her mother was depressed and a homemaker. In her early twenties, Chris' fiancé left her, and in her early thirties, she dropped out of

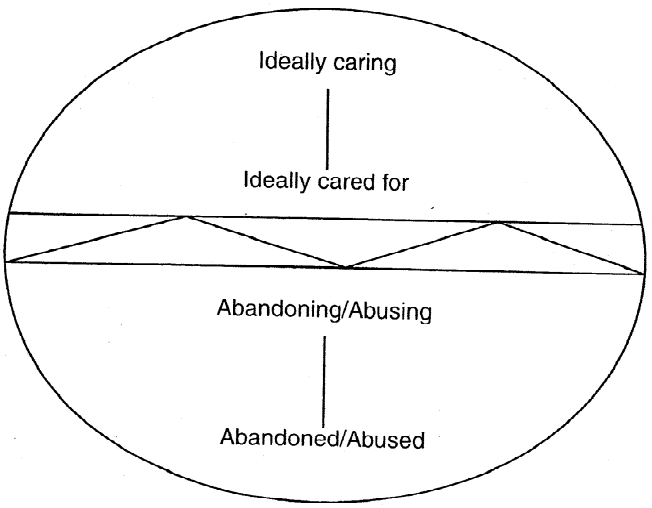

Figure 3. Splitting and isolation.

a qualification she was studying for because she said that the tutors were biased against her. Shortly after this, she made a suicide attempt.

In her mid-thirties, Chris attended a Satanist meeting where she had a vision of herself with 'fire coming out of every orifice'. She was later 'saved' and travelled to Australia as a missionary where she had repeated experiences of being rejected by Christian families and of being made to feel like 'garbage'. When she returned to the UK in her early forties, she had further experiences of being rejected by members of her Christian community. She felt angry with God for 'letting' her be attacked and, on her father's advice, cut all contact with the church for some years.

In her late forties, Chris had a traumatic religious experience that she did not want to tell me about because she said I was not a Christian and would not understand. On asking her why she made this assumption, she said that Christians declare their faith to each other and the psychologists and psychiatrists she had seen previously thought that 'fundamentalists are fanatics'.

When I asked her how she felt about having therapy, she started recounting a story she had read in a magazine about a married couple. The wife had liked her husband to start with, but once they had married, he turned out to be controlling and restrictive, telling her what to do, and had 'cut her out'. She then started asking me if I knew why she was the way she was and why only one of the many counsellors she had seen in the past had ever been kind to her. When I replied that I did not know, she looked amazed and asked me if was trained and why I was 'resistant'. When I was unable to join with her in finding a potential target problem or focus for therapy, I suggested she take some time to think about what she wanted from therapy and to contact me if she wanted to discuss it further; however, we ended the session with both of us seeming to feel somewhat bruised and rejected.

Provisional CAT formulation

Although we only met for one session, it seemed possible to make a somewhat speculative CAT formulation, illustrated diagrammatically in Fig. 4.

Relationship with father

Although the majority of what Chris said about her relationship with her father could be described by points (3) to (4) in Fig. 4, he was at (1) to her at (2) in the sense that he was the knowing doctor who had immediately discerned that she was 'different' after having been saved, as well as rather omnipotently threatening to section her if she did not take up a career in nursing.

Relationship with God

After being saved, Chris' relationship with God started off as (1) to (2), with the feeling that, for the first time, she had a father who loved her. She seemed to fall out of relationship with Him when she felt He had 'allowed' her to be attacked abroad. Chris felt rejected by God (4) and stopped attending church (3). This raised fears that she might go to hell - God at (3); she at (4) - which were assuaged shortly before the assessment when she came to see God as blameless, whilst 'unsanctified' Christians were responsible for her having been attacked and rejected - God at (1); she at (2); other Christians at (3) to her self in the past at (4). The way Chris described her conversion ('if

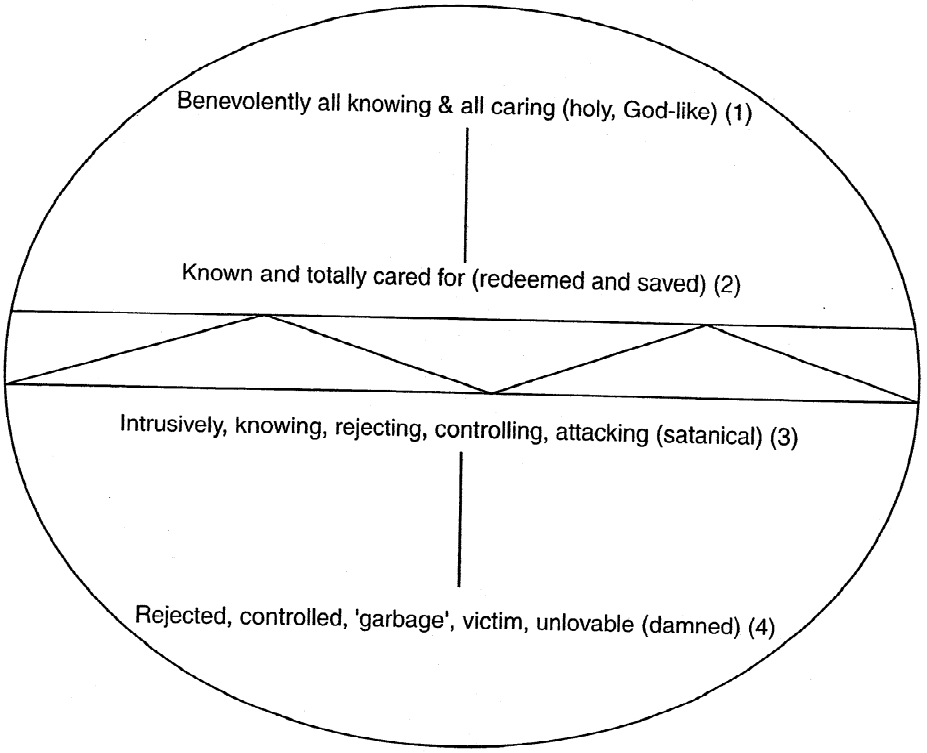

Figure 4. Provisional diagrammatic formulation.

Satan exists, so must God'), suggested a polarization and splitting that seemed to recur again and again.

Relationship with self

Chris talked about being 'just a lowly maid' when working abroad ((4), but with a strong flavour of (1)). Her only explanation for why she was repeatedly attacked and rejected was that she was an innocent victim who had been lovingly child-like (1) and that this had 'convicted' the other Christians who had been forced to face their sinfulness (her at (3); them at (4)). However, this love did not seem to make people feel loved; rather, it seemed to provoke their attack (them at (3); her at (4)).

Relationship with therapist

Chris' protection of her religious experiences from me suggested that she was anticipating a hostile response from me (expecting me at (3) to her at (4)). It also made her and her religious community a rather exclusive group who could be privileged with this information ((1) to (2)). Chris initially seemed to want me to understand why she was the way she was and to give her some answers (inviting me to be at (1)), but when it was clear that I could not, and would not, be at (1), she switched to attacking me, with questions like: 'aren't you trained?' (her at (3); me at (4)). Her story about the rejecting, controlling husband seemed to express her fears about what would happen in therapy with me (me fantasized to be at (3); her at (4)), but her refusal to consider some of my questions and her insistence that I should be only the therapist she demanded me to be made it feel to me that she was at (3) and I was at (4).

Issues raised by the case

Clinical issues

Working therapeutically with religious people seems to raise many pitfalls. The main challenge I felt in the assessment with Chris was to avoid either ignoring or pathologizing her religious self. To have treated her account of her religious life as if it were 'off psychotherapeutic limits', or to have otherwise avoided thinking about it psychologically would have been to have colluded with an unspoken assumption that religious and psychological life can be kept entirely separate. This assumption might serve many functions, including protection from the feared hostility towards religion that the patient anticipates from a therapist; and/or protection of the patient's sense of having something special, or sacred, that the therapist cannot reach. The latter may be felt to be particularly necessary, even with a therapist perceived to be of the same religion, who might be seen not as more able to understand, but as more able to shame and undermine. This protectiveness may mesh with the therapist's own defensiveness or awkwardness about talking about spirituality and religion, which is not generally a subject of social conversation in Britain, and which was probably not a major feature of the therapist's own therapy or therapeutic training. This awkwardness might be rationalized into a belief that spirituality is beyond the remit of the therapist (even though everything else would be within it). The combination could be a partially disempowered therapist who misses core elements of who the patient is and how s/he relates to the world.

At the other end of that spectrum, is the risk of pathologizing or overly psychologizing patients' religious beliefs and practices to the extent that their relationship with God appears as little more than another manifestation of neurotic processes or reciprocal roles. Among therapists working interpersonally, there may be a particular danger of pathologizing extended periods of retreat, prayer, silence or fasting, which all have the potential to be thought of as non-relational, and therefore somehow lesser. Patients are likely to pick up any reductive pathologizing, even if not explicitly voiced. Sometimes, the therapist and patient may become involved in a kind of battle for omnipotence in which the therapist assumes a knowledge of what the patient's religious relating is really all about (psychologically speaking) and the patient conveys a sense that the therapist, who may be assumed to be irreligious, has missed the crucial point of life and therefore can only really have opinions that approximate to very provisional and superficial truths. This is a kind of rejecting/dismissing to rejected/dismissed reciprocal role, and one of which I think there was a flavour in my assessment session with Chris. This dynamic of mutual defensiveness can be extremely powerful because what is at stake is each person's sense of identity and efficacy.

MacKenna (2002) suggests that 'we must allow a transitional space: a space between the religious literalism which seeks to turn God into an object, and the psychological literalism which says that God is "nothing but" a projection'. Therapists need to be able to think psychotherapeutically about patients' relationships with God – and cognitive analytic therapists need to be able to include the relationship with God within the map of the patient's repertoire of reciprocal roles – but also to be able to be flexible and empathic enough to feel something of the relationship with God as patients feel it. It seems that some psychotherapists, who may make every effort to put themselves into the internal worlds of patients whose differences are based on ethnicity or gender, find it so much more difficult to do so when the differences are religious. For example, I might have a slightly different attitude towards a Middle Eastern or Asian father who refuses to

let his 18-year-old daughter go clubbing than towards a white, Western, Jehovah's Witness father who does the same. I might be more likely to consider the former to be a 'normal', cultural difference, whereas I might think of the latter as more oppressive. This kind of difference in attitude might translate into unequal treatment approaches. For instance, a patient's wish for a therapist of a particular gender, and perhaps ethnic grouping, may be far more readily accommodated, or at least less pathologized, than a religious person's request for a therapist who shares their own religion.

Theoretical issues in context

The dynamics that appeared to be present in a wide range of Chris' relationships suggest connections between the reciprocal roles that apply to constructions of self, other, and God. Further, it suggests that reciprocal roles that describe child–parent and adult–adult (especially patient–therapist) relationships also seem to be echoed in the self-God relationship. The shifts that Chris showed, even in one session, from seeing me as offering answers, hope and ideal care to seeing me as having no answers and being potentially hostile and controlling, and then rejecting, seemed to parallel her oscillating relationship with God, who over the course of many years was experienced as lovingly omnipotent and then hostile and rejecting.

These connections seem to call out for bridges between psychotherapy and religious and spiritual life. Guntrip's (1956) belief that religion was 'pre-eminently about personal and emotional needs and relationships' (p. 102) underlines the richness of spiritual relationships from a psychotherapeutic point of view. The psychoanalytic tradition upheld by Jung, Suttie, Guntrip and others has been deeply enriched by religious thought and now includes contemporary psycho-analysts who continue to engage in a fascinating dialogue with religion (e.g. Jones, 1991; Kakar, 1991; Symington, 1998).

On the other hand, the legacy of Freud, who considered religion to be 'the universal obsessional neurosis of humanity' (Freud, 1927, p. 43), and of like-minded luminaries such as Jones, Klein, and Ellis, has been to make it uncontroversial for psychotherapists to take a reductive approach to religion. Freud (1933/1991) wanted to replace religion with a 'dictatorship' of 'the scientific spirit' (p. 191), and the pre-eminence of the religion of rational empiricism has helped to make it difficult to do justice to people's religious and spiritual experiences in psychotherapy. The Jesuit psycho-analyst, Meissner (1984), identified a 'latent persuasion, not often expressed or even articulated. . .that religious ideas are inherently neurotic, self-deceptive and illusive' (p. 5), leading in all probability to what Pruyser (1971) called a 'conspiracy of silence' about religion 'in both diagnostic interviewing and in psychotherapy'. Within the CAT literature, there seem to be only a couple of papers published on the subject (Low, 1999; Melton, 1995).

This context seems to have made it more difficult in the past to have given extensive consideration to the kind of clinical challenges outlined with Chris, and which arise more generally in working with religious patients. The context may also have made it harder in the past for religious patients like Chris to feel safe in making use of psychotherapy services. Research by the Mental Health Foundation (Faulkner, 1997) showed that 54% of mental health users in the UK found religion or spirituality to be a significant influence in their lives. By contrast, Genia (2001) cites evidence indicating that religious involvement is relatively low among mental health providers and suggests that the fears of highly religious patients that therapists may be

judgmental or undermining of their faith may not be unfounded. Only 29% of mental health providers in one study expressed the belief that religious matters are significant in treatment (Bergin & Jensen, 1990). Larson *et al.* (1989) suggested that the under-utilization of mental health services by highly religious individuals may be due to a fear that their religious concerns may be ignored or pathologized.

However, the picture does seem to be changing. Religion has been gaining a higher profile in psychiatric diagnosis since the recognition of 'Religious or Spiritual Problem' areas in the DSM IV (American Psychiatric Association [APA], 1994). Although spirituality has always been central to transpersonal and some humanistic therapies, it has recently been tapped for its therapeutic potential in a wider range of therapeutic approaches. This can be seen, for instance, in the incorporation of mindfulness techniques into dialectical behaviour therapy (Linehan, 2003) and cognitive therapy (Segal, Williams, & Teasdale, 2002). Numerous publications are now available on psychological and psychotherapeutic approaches to pastoral care (e.g. Lyall, 2001; Ross, 2003; Watts, Nye, & Savage, 2001) and on religious experience within secular psychotherapy (e.g. Genia, 1995; Helminiak, 2001; Kelly, 1995; Randour, 1993). Papers on the interface between spirituality/religion and mental health are proliferating through specialist American journals dedicated to the subject, but also through more general nursing, psychiatric, and social work journals. A now extensive body of research shows positive correlations between certain kinds of spirituality and improved mental health outcomes in areas as diverse as depression, anxiety, addictions, suicide prevention, anorexia and schizophrenia (Culliford, 2002).

Towards a cognitive analytic understanding of the relationship with God

Despite the almost total absence of references to religion in its literature, CAT has a theoretical framework that is very helpful in drawing parallels between the relationship with God and other relationships. These parallels exist not only in the connections between the dynamics of ordinary relationships and the God relationship, as with Chris above, but also in the very way in which we might think about the structure and formation of these different relationships.

CAT predicts intimate connections between parent-child relationships, adult self-adult other relationships and self-self relationships, all of which can be captured by reciprocal roles. The Vygotskian and object-relations origins of CAT are reflected in reciprocal role theory's prediction that, just as 'external' relationships become 'internal relationships' in childhood, so too do 'internal' relationships come to shape 'external' relationships in adulthood. The apparently clear boundary between the external/objective and the internal/subjective seems to fade away.

The following religious writings and empirical research are presented in order to consider possible parallels with traditions within a number of religions that describe the relationship with God, or with an ultimate reality, as straddling both the 'internal' and 'external' constructs. In other words, God is described as both internal and external, both self and other, and also beyond both. The object-relations and dialogic heritage of CAT gives a theoretical language that can express something of the connectivity between the 'internal' and 'external', and the relationship between them; or put another way, between subject and object, and how these are constructed and related.

Reciprocal roles and God

Various religious traditions describe a God that can be related to as 'external', but who is also inseparable both from the 'internal' soul or self, and from others to whom we are connected through love.

God as self

St Teresa of Avila wrote that 'Christ has no body now on earth but yours, no hands but yours, no feet but yours, yours are the eyes through which is to look out Christ's compassion to the world' (cited in Harvey, 1998, p. 183). Athanasius said that 'God became man that man might become God' (cited in Ware, 1963, p. 236) and the teaching that through the accomplishment of the will of God, we ultimately become holy and perfect like God Himself is described as 'the central teaching of the Orthodox Christian faith' (Hopko, 1981). The ninth century Sufi mystic, Abu Yazid Bistami reached beyond a personalized conception of God as lover to a point of becoming one with his beloved:

> I gazed upon (al-Lah) with the eye of truth and said to Him: 'who is this ?'
> He said: 'this is neither I nor other than I. There is no God but I'.
> Then He changed me out of my identity into His selfhood. . . then I communed with Him with the tongue of His Face, saying: 'How fares it with me with Thee ?'
> He said: 'I am through Thee; there is no god but Thou' (cited in Armstrong, 1999, p. 261).

God as other

St. Matthew (25: 31, 40) suggests that when we love others, this is not different from loving God: 'when the Son of Man shall come in his glory. . . he shall say unto you, inasmuch as ye have done it (given food to the hungry, taken in strangers and visited the sick) unto the least of these my brethren, ye have done it unto me'. John 1 4:8 suggests that it is neither in self or other *per se* that God is, but in the nature of the relationship (i.e. the love): 'he that loveth not knoweth not God; for God is love'. For Martin Buber, the 'eternal Thou' is met each time an 'I' goes out to meet a finite 'Thou', whether this is a person, animal or work of art. As Buber puts it, 'the parallel lines of relation meet in the eternal Thou' (cited in Friedman, 2002, p. 357 ff.).

Summary

The theory inherent in reciprocal roles suggests that self-other and self-self relationship dynamics reflect each other. There are also religious traditions in which, through love, God becomes inseparable from self and other.

Relationship with God research

The research literature also suggests that people's experience of their relationship with God is mirrored in their experience of their relationship with themselves, and of their relationship with significant others.

Parent to self and God to self

With a couple of exceptions (Sim & Loh, 2003; Vergote & Tamayo, 1980), empirical research in this area points to an association between people's representations of God

and their representations of their parents. Some studies suggest the God representation is closer to the father (Tamayo & Desjardins, 1976; Vergote *et al.*, 1969); others suggest it is closer to the mother (Tamayo & Dugas, 1977; Wulff, 1991, p. 305); yet others indicate a link between God representations and the preferred or idealized parent (Beit-Hallahmi & Argyle, 1975; Birky & Ball, 1988; Nelson, 1971).

Self to self and God to self

Apart from relations with parents, the other single most important factor associated with people's God representations is their sense of self and self-esteem. Low self-esteem can be associated with angry, rejecting, controlling, and impersonal God representations, whilst robust self-esteem correlates to kindly and loving images of God (Batson & Ventis, 1982; Benson & Spilka, 1973; Roberts, 1989; Spilka, Addison, & Rosensohn, 1975). Levels of emotional distress, rigidity, and antagonism have been linked with more negative images of God (Piedmont, Williams, & Ciarrocchi, 1997) and loneliness may be associated with belief in a wrathful God (Schwab & Petersen, 1990). Adults who have been sexually abused are likely to have representations of God that are more distant, disapproving, and rigid than those of non-sexually abused adults (Kane, Cheston, & Greer, 1993) and people with psychotic disorders may experience God as less close than those with neurotic problems (Lowe & Braaten, 1966).

Self to others and self to God

A body of research shows correlations between the tone of the relationship with God and with intimate others. Positive correlations have been found between, on the one hand, the emotional quality (e.g. feelings of closeness) of the relationship with God, and on the other hand, marital satisfaction (Dudley & Kosinski, 1990; Roth, 1988) and fewer disagreements among couples (Hood, Spilka, Hunsberger, & Gorsuch, 1996, p. 130; Kunz & Albrecht, 1977). Kirkpatrick and Shaver (1990) found that those who described secure attachment patterns in their love relationships also described God as more loving and less controlling or distant than did avoidant lovers. The avoidant attachment group also contained a significantly higher proportion of agnostics than the secure or anxious/ambivalent groups.

Summary

Although this research offers little support to Freud's assumption that for each person, God is formed 'in the likeness of his father' (Freud, 1913/1953, p. 147), it does suggest that there may be a relationship between the way a person conceives of, and relates to, God and the way that person conceives of, and relates to, early significant others. In CAT terms, it suggests a dialogue between reciprocal roles describing the relationship with God and reciprocal roles describing self-to-other, other-to-self and self-to-self relationships, which are themselves all interlinked.

CAT and a social, dialogical perspective

We have so far focused on the apparent connections between constructions of the self, other, and God. We now explore further the experience of self from a CAT dialogical perspective and find parallels in some of the ways that God has been experienced in various religious traditions.

The self and voices of the culture

In the Vygotskian and Bakhtinian influenced CAT restatement of object-relations theory, the self is socially formed from the 'voices' learned in activity and conversation with others. These voices are not just the voices of the child's immediate family, but are also the voices (including the values, meanings, and social structures) of the wider culture which the caregivers canalize and convey through an exchange of signs, such as words, gestures or tokens (Leiman, 1992). Among religious people, these voices may include those of scripture, or of spiritual teachers or other members of the religious community, conveyed and maintained internally through religious art, rituals, prayers and religious discipline. These voices could deepen a sense of responsibility and connection to others, but they could also promote splitting: intra-psychically through the 'right versus wrong' of fundamentalism, or interpersonally, when people are thought of as 'good' or 'bad'.

Multiple voices, multiple selves

'Through the course of adult life the inner conversation comes to include voices from all stages of life, embodying feared, hated, admired and loved others, each capable of representing systems of value and belief. "I" may be constituted by all or any of these' (Ryle & Kerr, 2002, p. 36). Anthropological studies suggest that our belief in the person 'as a bounded, unique, more or less integrated motivational and cognitive universe' is a relatively recent and Western construction and is 'a rather peculiar idea within the context of the world's cultures' (Geertz, 1979, p. 59).

It is also an idea that is challenged by various contemporary Western theorists who have proposed the notion of a self as multiple rather than unitary (Bromberg, 1998; Hermans, Kempen, & Van Loon, 1992; Markus & Cross, 1990; Mitchell, 1993; Oyama, 1993; Richardson, Rogers, & McCarroll, 1998; Stevens-Long, 2000). Mitchell (1993, p. 104) describes the self as 'discontinuous, composed of different configurations, different selves with different others'. This means that there are many I's, many ways in which we can be ourselves, many selves that can be made and re-made by the same person, all of them dependent on context.

If this is the case, it raises interesting questions about the nature of direct accountability in religious groups for whom the concept of judgment is central. The possibility of judgment seems to assume a singularity, or at least unity, of consciousness and agency. It requires a belief that we know what we are up to. A plural vision of the self may call for an emphasis on tolerance and forgiveness.

Richardson *et al.* (1998) liken the dialogic self to a prism that refracts different views from different perspectives. This self consists not only of a continuous dialogue between voices, images and ideas that make claims on our attention, but also of a stance or attitude towards those voices. It is this stance that they claim connects us to the transcendent, the Absolute, as we develop an evaluative capacity in relation to our own inner voices. Attitudes of harsh judgment or indifferent detachment would presumably be considered distortions of this potential to connect.

Multiple voices, multiple forms of God

Many religious traditions do not hold to a view of God as single and unitary any more than many cultures do not hold to such a view of the self. Among the religions that come under the umbrella of 'Hinduism', we find many forms of the Formless, or as

Sen (1986) puts it, 'the number of paths to the One Infinite is necessarily infinite' (p. 37). One of these is through Vishnu, whose incarnations include a fish who saves Manu, progenitor of the human race, from a flood; Krishna, who playfully steals the clothes of the cow herding women; and Parashurama, who beheaded his mother and killed the *ksatriyas* (O'Flaherty, 1975, pp. 175–237); there is Shiva who is ascetic and chaste, but who also makes love to Parvati for thousands of years, his phallus having become an object of worship (O'Flaherty, 1973, pp. 9–10); and Kali, who is frighteningly destructive as well as maternal and merciful (Sen, 1986, p. 56). The Hebrew Bible has a God who is variously a king, a warrior, a shepherd, a judge creator, teacher, liberator, saviour, friend, mother, father, husband; God is even a mother bear, mother eagle, a lion, a rock, a fortress and a fire (Holt, 1993, pp. 30–31).

The emphasis each historical period places on particular aspects of the divinity may reflect the social values, concerns, and 'voices' of the day. In medieval times, God was portrayed as a stern judge; these days the emphasis has been more on Jesus as a kind of divine social worker. Research suggests that cultural and psychosocial factors contribute to the formation of the relationship with God. Age, sex, cultural, and religious background, belief system, religious devotion, age of conversion, depression, family alcoholism and thinking styles all influence the God representation (Brokaw & Edwards, 1994). Men seem more likely to hold a more 'Old Testament' view of God as punishing and vindictive, while women may hold a more 'New Testament' view of God as loving and forgiving (Kirkpatrick, 1998). In one sociological study of North Americans (Piazza & Glock, 1979), certain social groups (women, older people, less educated people and people from ethnic minorities) were more likely to have a view of God as lacking influence in their personal lives, which may reflect their level of social disempowerment.

Summary

The voices of the culture (in the widest sense) in which a person is embedded contribute to forming an experience of a self that is multiple, not single or unitary, its 'internal' parts reflecting dimensions of the 'external' world in which it is embedded. God can also be experienced in this way so that the way that the Deity manifests to different people appears to relate to the social, cultural, and economic conditions from which God emerges.

THE OBSERVER SELF AND BEYOND

A confederacy of states and the observer self

From a CAT point of view, the many voices that are internalized from caregivers and the wider culture contribute to making the self 'a confederacy of states rather than a single nation' (Ryle & Kerr, 2002, p. 94). If the self is 'a confederacy of states', this raises a question about whether there is a president, and if so, what his/her nature and function is. The cognitive analytic therapist aims to 'encourage the emergence of a more reflective, independent, superordinate and complex "I"' through 'extending and equipping conscious, self-reflective thought' (Ryle & Kerr, 2002, p. 36). This is in effect the development of the observer self, 'the eye which becomes an "I"' (Ryle & Kerr, 2002, p. 36), a good candidate, perhaps, for the president's post.

God and the observer I

Just as the therapist's voice may become one of the voices that comprise the patient's observer self, for the religious person, the observer 'I' may be infused with the voices of God expressed through scripture, ceremony, prayer and community. Brother Lawrence's 17th century '*Practice of the Presence of God*' (trans. Laurent & Blaitlock, 1982) outlines a way of being in which the continuous awareness of God in daily life affects every act. In various Eastern traditions, the spiritual teacher is held in awareness as the embodiment of the wisdom mind that the practitioner seeks to uncover in him/her self. Rumi, the Sufi mystic writes:

> For your Solomon's seal I become wax
> Throughout my body. I wait to be light.
> I give up opinions on all matters.
> I become the reed flute for your breath (Trans. Barks, 1995, p. 138).

In this way, the usual fulcrum of consciousness changes and with it the way the self (or selves) and others are perceived and related to. Clearly, if this presence is punitive rather than tender, then this will negatively affect the way in which the person observes themselves and then the observer 'I' becomes more like a Foucauldian prison warder, an instrument of control.

Beyond the observer self

Engler (2003, p. 58ff.) argues from a Buddhist perspective that the illusory sense of a continuous and unified self is not only far from necessary, but ultimately a major impediment to true mental health. The kind of moment to moment mindfulness that Engler advocates results in an attentiveness without there being any observer: '"thinking" can happen quite nicely, and does, without a "self" or "I" to think it' (p. 64). Ward (1987) describes this as an experience in which 'one is no longer aware of oneself as observing, being distinct from the object which is observed. There is rather an experience of pure consciousness, where no finite object is to be discerned, and no observing subject which is clearly distinct. There is only a feeling of expanded consciousness' (p. 68). This kind of awareness cannot be observed and is not the same as the observer 'I' of CAT in which one part of the self identifies and observes another part. In a non-dual awareness of 'one's natural state', any 'fixed point of observation like an "observing self" becomes completely untenable' (Engler, 2003, p. 69). As Langan (2003) writes: 'a Buddhistically informed relational psychoanalysis must conclude that there is no such thing as a self, only self-with-other, yet further and at the same time, no self, no other' (p. 141).

Beyond the forms of God

Various religious traditions depict 'endlessly finite expressions of the infinite nature of God', which is changeless and eternal (Ward, 1987, p. 155ff.). The finite expressions and signs of God allow for relationship, devotion and response, and incorporate personal voices and cultural and socio-economic realities. The experience of the observer self in religious people is also seasoned with them. However, some religious traditions see the finite expressions of divinity as limited manifestations of an unchanging and ultimate reality beyond all form.

In various religious traditions, the multiple forms of God are seen as manifestations of the one formless, eternal, and pure God. In Buddhism, this is found in the concept of

Dharmakaya (absolute space, pure, unchanging) and Nirmanakaya (the manifest world of appearance); in Samkhya, there is Prakriti (primal, formless substance) and the gunas (constituents) that emerge from it; and in Advaita Vedanta, there is Brahman (changeless, devoid of qualities) and its illusory manifestation, Maya (Hiriyanna, 1978, pp. 106–128, 151–174). Among Christian mystics, Meister Eckhart declared that ultimately God was 'Nothing', not bounded by any finite description or anthropomorphism (Armstrong, 1999, p. 291).

Summary

The CAT therapist conventionally helps the patient develop an observer self that serves the function of central executive in this 'confederacy of states' and which is needed for a sense of integration and mastery. However, ultimately, the role of the observer may be only a provisional staging post on the journey towards a more complete sanity. The many forms of God may also be necessary to allow for the practice of a devotional religion but some religious traditions suggest that beyond these is the unchanging and formless.

Discussion

Clinical issues

The relationship with God is likely to be an important source of information about reciprocal roles, and may be an important therapeutic resource. Hall and Brokaw (1995) and Northcut (2000) recommend taking a religious history, where appropriate. However, timing is all important, and with some patients, a discussion of religion prior to the establishment of a trusting relationship may only be a recipe for the establishment of a therapeutic misalliance. Whenever it happens, engagement with religious or spiritual material needs to be approached respectfully and tentatively. It may be that psychological reflections on the patient's religion remain an important source of information about the patient's relational dynamics in general, without the therapist ever directly exploring religion with the patient. If patients are open to including their religious lives in the work, it may be useful to ask about the current qualities and characteristics of their relationship with God, and to track changes and developments in that relationship, exploring particularly what was happening when patients felt closer to, or more distant from, God. As well as providing important information about reciprocal roles, this can validate patients' religious experience, making it clear that that the therapist considers it to be significant and not something that need be kept off limits during the therapy. The relationship with God, self, others, and the therapist should be thought of as a single package; research (e.g. Cheston, Piedmont, Eanes & Lavin, 2003) supports the notion that changes in any one of these during therapy may well signal changes in the others.

The way in which therapists handle the spiritual issues of their patients may be significantly affected by the way those same issues were handled in their own therapy (Sorenson, 1994). Having explored their spirituality in their own therapy and training, therapists are likely to be better equipped to work with their patients' spiritual issues. They should also have had a chance to consider how to respond to questions from patients about their own religious affiliations. Their answers need to balance up considerations about transference and keeping the therapeutic space as open as possible versus the ethical requirement to provide informed consent to patients

embarking on an endeavour in which their adoption of the therapist's values is associated with positive treatment outcome (Beutler, 1991). Parallel religious belief between therapist and patient has been found to be in itself neither an asset nor a liability; rather, what is considered most transformative is an attitude of respectfully curious, sustained empathic inquiry into the subjective meanings of the religious person's experience (Sorenson, 1994).

Some authors have somewhat controversially argued for the place of spiritual interventions in the therapy itself. Outcomes were improved by introducing specifically religious elements into a cognitive behavioural therapy (Propst, Ostrom, Watkins, Dean, & Mashburn, 1992), and into an in-patient, object-relations-based psychotherapy (Tisdale *et al.*, 1997) for religious patients. Richards and Bergin (1997) argue that for people who relate to a God who is viewed as harsh, vengeful, and impersonal, spiritual interventions that enable them to personally feel God's love could have powerful healing effects on their sense of self-esteem. The voices of the patient's spiritual environment are likely to affect the tone of the patient's observer self and may be important in aiding, or impading, therapeutic goals.

If we are to think in terms of many selves that are constantly constructed and reconstructed in each moment, this may cause us to reconsider the way we use fairly static or unitary concepts such as core schemas in cognitive therapy and internal representations in object-relations therapy. In CAT, we may need to rethink ideas that suggest there is a core to the self, and consider as highly provisional snapshots, concepts such as 'core' pain, fixed target problems and reciprocal role procedures, and a single reformulation. The value of these would be entirely heuristic, and useful principally for providing a sense of focus and direction for more chaotic patients in time-limited therapy.

In a longer-term therapy, the focus may need to move more to the many shifting patterns of reciprocating interaction that hatch from different selves in different ways into the emergent dialogue, according to the context. Instead of an emphasis on the recognition of repeating patterns as if there were a bounded self that repeated itself, a model of a multiple and decentred self might invite a therapist to be engaged in 'courting surprise' (Stern, 1997). Mitchell (2003, p. 84) suggests that seeing the self as singular gives the therapist a tendency to help the patient work towards containing conflictual experiences and tolerating ambivalence. Thinking of the self as multiple is more likely to lead to forgoing concerns with continuity and integration for the pursuit of the vividness of the present moment.

Theoretical issues

Reciprocal roles are a remarkably flexible and useful tool that can describe relationships simply in their breadth and complexity. Implicit in the theory that underpins them is the assumption that our experience of our sense of self repeatedly mirrors our experience of relationships with others. As Gargiulo (2004) states, 'internality is externality'. Moreover, from a dialogical CAT perspective, the 'self' and 'other' that are constructed both comprise many voices and selves, including those of the society, culture, and religious tradition in which individuals are embedded. We become aware of these voices and selves through the operation of the 'observer self', a reflective capacity that cognitive analytic therapists would generally aim to help their patients to develop; and especially in religious people, this too is likely to be infused with the voices of the religious tradition.

The construction of the experience of God may not be separate from the construction of the self or other, and the reciprocal roles and voices that describe and constitute them. This is absolutely not to say that the relationship with God is no more than another reciprocal role. Just as we could be said to have many selves and voices, but also a mode of being that is beyond the dualistic observation of one part of the self by another part, so too could the experience of God have many forms that resonate with our reciprocal roles whilst God also remains Formless and Infinite.

The experience of God that can be structured in reciprocol roles is within the psychotherapist's remit. God that is beyond reciprocol roles is beyond the therapist's remit. As therapists, we can only try to identify links between patients' constructions of God and of others, and explore the effects of the dynamics of these relationships. As Stolorow and Atwood (1992) put it: 'the only reality relevant and accessible to psychoanalytic enquiry. . . is subjective reality – that of the patient, that of the analyst, and the psychological field created by the interplay between the two. . . attributions of objective reality, in other words, are concretizations of subjective truth' (p. 92).

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