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# Depth Psychology, Transference and Spirituality

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Sigmund Freud was the genius who discovered psychoanalysis, namely, a process by which it is possible to penetrate the unconscious and discover its properties. Freud was an acute observer, and one of the phenomena he noticed was that in the course of analysis, the neurotic patient develops a particular interest in the person of the physician. That is, the patient seems to fall in love with the analyst, and, under these conditions, the analysis makes splendid progress. Because this attachment always appears, Freud was compelled to admit that we have to deal with a phenomenon in itself essentially bound up with the nature of the disease.<sup>1</sup> Freud called this phenomenon transference, that is, a transference of feelings to the person of the physician.

Both positive and negative transferences play an important role in psychoanalysis, and Freud explains the nature of the transference as a recollection of the early relationships between children and parents:

The transference is overcome by showing the patient that his feelings do not originate in the current situation, and do not really concern the person of the physician, but that he is reproducing something that had happened to him long ago. In this way we require him to transform his *repetition* into *recollection*.<sup>2</sup>

In other words, transference reflects the emotional element of childhood concerning the most important persons in the life of the patient, usually the patient's parents. Essentially, the patient repeats, in the present, the experiences of childhood.

Freud considers transference to be the best instrument for curing a neurosis, and the entire course of the illness henceforward focuses upon the patient's relationship to the physician. Transference becomes the battlefield where all the contending forces must meet: "In place of the patient's original illness appears the artificially acquired transference."<sup>3</sup>

The physician uses the transference phenomenon as an instrument to attain the goal of the treatment. For the cure does not occur unless the

transference is resolved and the energy of the libido channelled elsewhere, to normal objects. Hence, at the conclusion of the analysis, the transference must be dissolved, and a new change achieved within the patient.

In light of his theory of transference, Freud explains why therapeutic efforts seem not to succeed with a person suffering from the so-called narcissistic neurosis. Such a person has no capacity for transference and is incapable of transferring feelings. The physician is indifferent to the patient, and what the physician says leaves the patient cold. Therapy does not work unless the patient loves, and the physician is able to receive this love and use it for the purpose of the cure.

### **Counter-Transference**

From the beginning, Jung acknowledged the importance of transference in psychotherapy. In *Memories, Dreams and Reflections*, he says that the main problem of medical psychotherapy is transference. And in that matter, Freud and Jung were in complete agreement.<sup>4</sup> Jung's interpretation of the transference phenomenon, however, is broader than Freud's in that he emphasizes the fact that the analyst is in treatment as much as the patient is.

Jung acknowledged the importance of the emotional attitude of the analyst and became one of the pioneers to foster the theory of counter-transference. That is, the analyst is willing to become infected by the patient's disease and is open to the patient's unconscious, projecting unconscious contents in response during the analysis.

According to Jung, a therapist can exert influence upon the patient only if the therapist is also susceptible to influence. The therapist who does not project a counter-transference upon the patient is as sterile as the narcissistic patient. He felt that there is no such thing as neutral analysis, "For two personalities to meet is like mixing two different chemicals: if there is any combination at all both are transformed."<sup>5</sup>

### **Caruso and Transference**

Caruso's ideas are similar to Jung's: The therapist cannot adopt a neutral attitude in psychoanalysis, for analysis is an exchange between two living personalities. The requirement to be like a screen receiving the transference, as the Freudians believe, does not work because the relationship between analyst and patient is based on a mutual exchange, which excludes static non-intervention.<sup>6</sup>

Because psychoanalysis entails an active exchange between patient and analyst, neutrality is impossible. The patient's transference imparts energy-laden ideas and emotions, and since the analyst is also a living person, the analyst's ideas and emotions are transferred to the patient. In this mutual exchange the patient absorbs the analyst's traits, and the mixture of projected and absorbed traits can be very effective in the patient's treatment.<sup>7</sup>

Naturally, if the counter-transference which arises as a consequence of this exchange is well-directed, the therapy runs a healthful course. "It is quite certain that the analyst also has to create a certain counter transference in order to help his patient. Without some degree of identification with his fellowmen he would not be able to make any contact with them."<sup>8</sup>

### The Archetypal Transference

Jung's hypothesis of the collective unconscious entails important consequences for the transference phenomenon. This hypothesis, described by Jung in *Two Essays on Analytical Psychology*, implies the existence of a new domain that transcends the personal unconscious and leads to the discovery of a human religious function.

In the course of the treatment of a woman patient, Jung noticed that she transferred the father-image to the doctor, thus making him the father. The doctor became the object of conflict, but in this particular case, the transference was not curing the woman. Then Jung began to probe her dreams, and she revealed this remarkable one:

Her father (who in reality was of small stature) was standing with her on a hill that was covered with wheat fields. She was quite tiny beside him, and he seemed to her like a giant. He lifted her up from the ground and held her in his arms like a little child. The wind swept over the wheat fields, and as the wheat swayed in the wind, he rocked her in his arms.<sup>9</sup>

In this dream, the supernatural, almost divine nature of the transference is apparent to Jung: the doctor appears to the patient as a semi-divine, father-lover, and the dreamer endows the person of the doctor with superhuman attributes. For Jung, this was a manifestation of the religious function of the collective unconscious, of the self, "apparently reaching out towards the person, but in a deep sense towards a God."<sup>10</sup>

Hence, Jung's interpretation means that the religious dimension of the collective unconscious was hidden behind the superficial personal transference to the doctor. The archetypal transference was endowed with a deeper meaning, completely transcending the personal domain, namely the desire not for a father, but for a divine figure, a Father-God.

This collective transference, which was imparted with the "numinosity" of the self, healed the woman — in contrast to a mere personal interpretation of the transference as a substitute for parents, which would not have healed the patient. Jung felt that in this case the transference was not a simple recollection of childhood experiences, but had an archetypal basis, a religious dimension much needed by the human soul.

### Caruso's Archetypal Attitude: The Christ Archetype

The collective transference theory is also developed by Caruso. According to Caruso, there exists a yearning for the condition of paradise which is common to humanity. This yearning is a desire for perfect

happiness. This paradise archetype is, therefore, primarily a teleological force.<sup>11</sup> In addition, human neurosis searches for a redeemer. Thus Caruso considers the Christ archetype to be a crucial factor in psychotherapy.<sup>12</sup> Hence, both the paradise archetype and the Christ archetype are central to an understanding of the ultimate goal of a wounded humanity in search of healing: "The soul's desire for transcendence and redemption corresponds to a necessity which must be rooted in reality."<sup>13</sup>

For Caruso, the "Christ archetype" is the central factor in any psychotherapy, making possible psychotherapy for the neurotic, as well as for the analyst. In the search for a redeemer, the neurotic meets his therapist. Since the longing for redemption is based on an eschatological messianic archetype: "Unless the analyst in some way answers to this longing, his work would be the confirmation of a total illusion, a temptation of total neurosis and thus anything but wholesome."<sup>14</sup>

For Caruso, the Christ archetype is active and dangerous, for this archetype, through transference, may ascribe to the therapist the dimensions and attributes of God: "You are my God on earth . . . He didn't help me. You have been helping me for months," a patient tells Caruso.<sup>15</sup> There is a tremendous danger when the analyst plays the role of a redeemer and Christ figure. For this reason, it would be fatally dangerous to reduce this archetypal transference to the childhood stages of the libido. The therapist must be a healer and a "redeemer," and unless his inner life thus corresponds to this vocation, he will be a false redeemer.

Caruso also stresses the importance of love. Neurotics can only be cured by love, and the need for love is urgent:

Many 'technicians' of psychoanalysis may shrug their shoulders when they are told that neurotics cannot be cured without being loved.

We hope that this need for love will have emerged from this book . . . Psychoanalysis is, after all, meant to be a living encounter between two unique and equally valuable personalities. But how can there be any fruitful encounter between two persons except through love?<sup>16</sup>

### **Some Implications of Transference in Christianity**

A majority of readers familiar with the phenomenon of transference may believe that it is exclusively a psychic phenomenon affecting neurotics. On the contrary, transference influences normal people, too, as Freud himself acknowledged. He says that the tendency of transference in neurotics is only an exceptional intensification of a universal characteristic.<sup>17</sup>

For Karl Menninger, transference occurs in many life situations. It affects, for example, all those who work for the cure of souls: "When I say that the clergyman . . . inevitably evokes transference effects (and affects) from his parishioners, I mean that he will be both adored and detested irrationally by some people for reasons not known to him or to them."<sup>18</sup>

A person of the clergy and others in helping professions need to be aware of the existence of these irrational factors, even though they are not the sole determinants: "There are good rational and conscious reasons for his

influences, also, and these are the more substantial basis of his power. But they are greatly enhanced by the transference effect."<sup>19</sup>

According to Jung, transference influences both Catholic and Protestant clergy, but not in the same way, because transference affects Protestant ministers more personally than priests. He ascribes this difference to the nature of Catholicism, which emphasizes the role of the Church:

Protestant ministers cannot translate the fundamental problem of the transference into something impersonal, as the Catholic can, but must handle it with confidence as a personal experience. Any contact with the unconscious that goes at all deep leads to transference phenomena. Whenever, therefore, the clergyman penetrates any distance into the psychic background, he will provoke a transference (with men as well as with women). This involves him personally, and on top of that he has no form which he could substitute for his own person, as the Catholic priest can, or rather must do.<sup>20</sup>

Here Jung is taking into consideration chiefly the archetypal character of the transference, which transcends the individual. But, in addition, all kinds of transference phenomena affect the clergy.

As Karl Menninger and Jung noted, transference affects the clergy in many ways, and the Jungian distinction between priest and minister, while useful, is not always totally accurate. Although priests on many occasions have recourse to the Church, they are also often personally involved with the penitent, as for example, in spiritual direction, counseling, and sacramental confession.

### **Spiritual Direction and Transference**

Spiritual direction is chiefly a conscious process by which the penitent receives advice and help, in order to become as holy as possible on his or her way to salvation. This Catholic tradition has produced excellent results and is still strongly recommended. Saints like Catherine of Siena and Teresa of Avila found inspiration, encouragement, and doctrinal illumination from holy and learned priests who served as their spiritual directors.

John of the Cross, for example, was an extraordinary spiritual director of many, especially of Carmelite sisters, who found him to be wise, experienced, doctrinally sound, and utterly charitable. Although he strongly recommended total detachment from creatures, he did not mean that the spiritual direction must be reduced to a purely rational relation deprived of the human touch. The mutual encounter of director and the directed transforms both, and direction without love is sterile.

The goal of spiritual direction is not to resolve a neurosis or to heal the penitent, but to sanctify and save his or her soul. Hence, the penitent projects upon the director his or her confidence, because he or she believes that the director will lead the soul to salvation in a prudent and wise way.

When the soul also needs healing, the spiritual direction can be complicated. Teresa of Avila, for example, noted the psychological difficulties of sisters affected by *melancholy*, which was the term formerly used to describe neurosis. Teresa says in *The Foundations*, having in mind



these sisters: "Nor do they die from it but they come to lose their minds completely, which is a death capable of killing all the nuns."<sup>39</sup> In these cases, psychology and religion must go hand in hand, and the better the psychological healing the better and the easier the road leading to union with God through religion.

What kind of transference and counter-transference corresponds to spiritual direction? In Jungian terms this transference must be a mild one, and even in the Jungian literature expressions can be found which are similar to those written by Augustine, Aquinas, or Bernard concerning the love of charity. Thus, for Jung, the doctor quite literally "takes over" the sufferings of his patient and shares them with him, and exposes himself to the overpowering contents of the unconscious.<sup>21</sup>

These are expressions of the divine dimension in the human psyche, and of how human compassion can come to resemble divine charity. The transference alters the psychology of the doctor, and he, too, becomes affected. This leads to a direct confrontation with the forces lurking in the darkness, and the *medicina catholica* may be born.<sup>22</sup>

These dramatic expressions of a well-known therapist suggest how much therapy demands of patient and doctor, for patients are not only cured by technique, but through love. As Terruwe says in *The Neurosis in the Light of Rational Psychology* regarding the therapy of frustration neurosis: "Yet, seeing the patient grow better as the result of being loved makes it a joy for the therapist to give him his love. It is here that the therapist gets irrefutable evidence of what Christianity has known for ages, namely, that love heals and truth frees."<sup>23</sup>

In a similar way, the demands of spiritual direction are not less strict. The director should know theology, spirituality, psychology, and must be experienced. In addition, the spiritual director and the penitent must be united in a bond of charity, which presupposes mutual love, the love Aquinas explains this way:

Not every love has the character of friendship, but that love which is together with benevolence, when, to wit, we love someone so as to wish good to him.

Yet neither does well-wishing suffice for friendship, for a certain mutual love is requisite, since friendship is between friend and friend; and this well-wishing is founded on some kind of communication.<sup>24</sup>

The spiritual director should be influenced by the personality of the directed, and this requires the love of charity. John of the Cross was influenced by Ana of Jesus and many other sisters, and the same can be said of Catherine of Siena and Raymond of Capua, her spiritual director. As Aquinas explains, love of charity cannot exist unless it is mutual, hence it affects both the spirituality of the director and of the directed. Mutual love, a spirit of sacrifice, knowledge, and experience are needed in spiritual direction. But the love must remain free. As in therapy, freedom is an absolute prerequisite of any spiritual relationship.

## Transference and the Unconscious

Traditional spiritual direction did not suspect the existence of the unconscious. Now we know better, and it is evident that underlying the direction lies the unconscious. The director is governed by the unconscious contents which have become activated by the transference, and an unconscious tie is established which is crucial to therapy.

In the same fashion, spiritual direction is influenced by the unconscious which underlies the friendship. This mutual love and the intuitive knowledge which derive from it are factors to understanding the process. This is the knowledge Aquinas called knowledge by *connaturality*, which is neither abstract nor conceptual knowledge, but a knowledge rooted in the appetite, in love.<sup>25</sup> This knowledge influences the mutual friendship, and imparts love to the operation of grace.

### Archetypal Transference

According to Caruso and Jung, there exists an archetypal transference which transcends the personal domain. The penitent may call the priest "Father," but if he or she sees the director as a heavenly father, then the transference has entered a new and slippery phase, which is called the archetypal dimension of the transference. The spiritual director should know the existence and nature of this transference, which involves him personally, and not ascribe to himself what belongs to the divinity.

This transference comes directly from the unconscious, and it may help the spiritual direction, since the goal of this direction is union with God. In this line, Jung describes the existence of certain dreams, in which a child plays the essential role, and he says: "It is immediately apparent that the child is something special, a child hero or divine child."<sup>51</sup>

This divine dimension of the transference is even more important in Caruso, who stresses the relevance of the Christ archetype to therapy. As Caruso observes, depth psychology cannot demonstrate the existence of a future paradise, nor that the Christ archetype symbolizes the reality of a redeemer. But depth psychology proves the existence of one archetype, the longing for a perfect state of happiness, and another archetype which brings redemption. This shows that psychology and religion are in harmony, and depth psychology underlies the Christian belief. Thus Jung says that the Christian unconscious possesses a natural affinity with the spiritual values of the Church, particularly in their dogmatic form.<sup>26</sup>

Caruso asserts that there exists a conscious and unconscious desire for happiness and redemption. The patient in therapy searches for a redeemer and finds the therapist. The penitent in spiritual direction looks for a heavenly paradise, and Christ as a redeemer, and finds the help of the spiritual director, whose role is to lead the penitent to the divine goal. As Caruso points out, the great temptation of the therapist enmeshed in the transference is to play Christ and transform the transference into idolatry. In a similar way, the great temptation of the spiritual director is to play the



role of God, and to believe through pride that he can replace the divine. I remember seeing on television James Jones drop a Bible to the ground, step on it, and say: "I am God." The tragic collective suicide that took place in Guyana was the result of this kind of misappropriation. Pride is a subtle cardinal sin, which chiefly tempts the intellectual, the most gifted, as it tempted Satan. Humility and self-knowledge are crucial to spiritual direction. Pascal says that those who want to play the angel, end by becoming monsters. Thus it is dangerous to misappropriate the divine.

### **God Almightyness; Inflation**

A phenomenon occurs when the archetype of the divine is undifferentiated: The archetype of the self may swallow the ego and produce inflation, or a sense of God-almightiness. This, Jung says, was Nietzsche's fault, and not because he was an atheist, but because he was a spiritual man who killed God, because he wanted to become God himself.<sup>27</sup> Worse, Jung feels that this phenomenon is now affecting the occidental mentality: "Nobody realized that European man was possessed by something that robbed him of all free will. And this state of unconscious possession will continue undeterred until we Europeans become scared of our God almighty." <sup>28</sup>

Also subject to the danger is the penitent who may believe that he is so holy as to despise the spiritual condition of others, and to expect a special relationship with God. The spiritual director should be cautious not to foster spiritual pride, which has caused the ruin of many souls.

John of the Cross sternly warns directors of this danger. Based on experience, he was totally adamant with some sisters and brothers who considered themselves to be close to the Almighty because they thought to be blessed with special revelations, visions, or locutions from God. If a transmutation of roles takes place, namely, the director is demoted from his role to find himself directed by such an inflated soul, great harm will result for both.

### **Narcissistic Transference**

Freud observed that narcissistic patients cannot be cured because they lack the ability to participate in transference and cannot project anything onto the therapist. They have no love, and, consequently, they cannot project upon others what they lack. Nor do they possess any capacity to receive the love which is essential to every healing and to true spiritual direction.

These considerations reassure us of the wisdom of trying to integrate the observations of depth psychology and the doctrine of traditional spiritual direction. Humility, prudence, confession, love and a spirit of sacrifice help therapy; they are also the essential virtues of Christian life. In the spiritual domain, however, we must add among other things the need for continuous prayer and the help of the sacraments. Prayer is related to psychology and

the best means of achieving a personal relationship with God; and the sacraments are the symbols and causes of Christian grace.

### Conclusion

These considerations were written with the purpose of trying to relate transference with some aspects of spiritual theology.

Aquinas teaches that grace does not destroy nature but, on the contrary, elevates nature. Yet grace cannot operate in a void without nature. Underlying the activity of grace there is always nature, and the richer nature is, the better grace can operate. Hence any valuable discovery made in psychology may help to understand better the operation of grace, and should be taken into consideration.

We must be cautious, however, because the approach of many thinkers is to transform theology into psychology, with consequent harm to both disciplines. Another false theological viewpoint ignores psychology completely, as if it were totally irrelevant to the operation of grace. These views do not agree with the vision of the great Christian theologians, like Augustine, Aquinas and Bonaventure, who tried to incorporate into theology any valuable truth which enhanced its intelligibility.

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10. *Ibid.*, p. 130.
11. Caruso, *op. cit.*, p. 83. Cf. Mircea Eliade, *Images and Symbols* (Sheed and Ward, New York, 1961). Trans., Philip Mairet, pp. 16-17. "The most abject "nostalgia" discloses the "nostalgia for Paradise", . . . in short, the longing for something altogether different from the present instant; something in fact inaccessible or irretrievably lost: "Paradise itself."
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17. Freud, *op. cit.*, p. 387.
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25. Aquinas, Thomas, *Summa Theologica* (Benziger, New York, 1947). Trans., Fathers of the English Dominican Province, Vol. 1, II-II, q. 23, a. 1.
26. See Antonio Moreno "The Nature of St. Thomas' Knowledge "*Per Connaturalitatem*" in *Angelicum* 1970, 47, pp. 44-62.
27. Jung, C.W. 16, p. 193.
28. Jung, C.W. 11, pp. 85-86. "Nietzsche was not an atheist, but his God was dead. The tragedy of *Zarathustra* is that, because his God died, Nietzsche himself became a God; and this happened because he was no atheist."
29. Jung, C.W. 12, pp. 460-461. Cf., *Ibid.*, "*Is God dead because Nietzsche declared that he had not been heard of for a long time? . . . The fires chilled the air, and the air became the great wind of Zarathustra and caused an inflation of consciousness which, it seems, could only be mitigated by the most terrible catastrophe to civilization, another deluge let loose by the gods upon inhospitable humanity.*"
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