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TRANSFERENCE TO DEITY

K-Lynn Paul,* M.D.

"God doesn't care about me--He doesn't want me," declared a depressed person. "If you displease God in the slightest way, He will 'zap' you," insisted a compulsive person. These statements might be considered to be characteristic or symptomatic of the types of problems for which these individuals sought help, but they might also represent examples of transference--transference to Deity!

Transference is the unconscious "transfer" to others (often the therapist) of feelings and attitudes that were originally associated with important figures (parents, siblings, etc.) in one's early life. The therapist may then use his observations of these feelings which have been "transferred" to him to better understand and help the patient.¹ Sometimes, however, the patient transfers these attitudes and feelings *not* to the therapist, but to Deity, as illustrated in the following case examples.

Case 1: Mrs. Jones (not her real name), a 48-year-old divorced mother of one adult son, was seen for symptoms of depression and alcoholism. During the course of her treatment she related, "God doesn't care about me--He doesn't want me." Mrs. Jones was the youngest of four children and the only girl. Repeatedly during her childhood her mother had emphasized to her that she (the mother) never wanted a daughter, just sons. While there were reasons in the mother's own traumatic background which made these statements understandable, the effect on the impressionable young daughter was profound.

Mrs. Jones had two given names--Donna Gene (not her actual names). She despised Donna, a traditionally feminine name, and insisted on being called Gene, a name frequently used for males. Her favorite pastimes as a teenager were horseback riding and hunting with her brothers. She obtained a university degree in engineering, which at that time was even more of a male profession than today.

Mrs. Jones eventually married and had one son, but the marriage did not work out, and her husband left her. Her son now grown had some concern for his mother, but was stationed in a distant part of the country in the military service and could not provide the emotional support that she needed. Living alone, Mrs. Jones gradually became more depressed, began drinking, and concluded that no one wanted her or cared about her and, above all, even God didn't care about her and had abandoned her.

Case 2: Mrs. Jan Walker (not her real name), a 30-year-old married mother of two young children, originally

came with her husband for marital counseling, but after two sessions it was apparent that her symptoms were much more distressing than his. Mrs. Walker spoke with intense feeling of how she was always trying to live up to what everyone expected of her and was failing. She demonstrated marked anxiety and some depression. She had many compulsive personality traits and was experiencing physical symptoms of anxiety such as diarrhea.

Mrs. Walker's father was a highly demanding, extreme perfectionist. As a child Jan struggled as hard as she could to please him, but never succeeded. He always criticized her, but encouraged the perpetuation of her behavior by implying that if she just tried a little harder she would earn his approval. Even now that Mrs. Walker was grown, she found him almost impossible to please. If he were visiting Mrs. Walker's home and she didn't do everything his way, he would threaten to leave and never come back. One time when Mr. Walker stood up to his father-in-law, the man didn't speak to them for a year and a half. A typical example was an argument over the cooking of the bacon for breakfast. Jan's father insisted that the bacon be cooked in a pan. Jan's husband (who was also somewhat of a perfectionist, though not as extreme as his father-in-law) wanted it cooked in the microwave so that it wouldn't be so greasy. With these two men making opposite demands, Mrs. Walker attempted to please both by cooking some of the bacon each way. Her attempt at pleasing both, however, usually resulted in both being mad at her.

Mrs. Walker held the view that God was even more of a tyrant than her father. If a person displeased Him in the slightest, He would "zap" that person, and she could quote scriptures from the Old Testament to prove her point. She declared that all her life she had "been on the bottom," and she was going to make sure that in the next life she came out on top. There was only one way to accomplish such a goal and that was to live all of the commandments perfectly. Accordingly, Mrs. Walker participated in all of the activities suggested to Church women (such as cooking, cleaning, baking, canning, sewing, gardening, mothering and visiting the sick) and tried to do them all simultaneously and as intensively as possible. Efforts to counsel moderation failed and she did not slacken her pace until she was exhausted, contracted pneumonia, and nearly died. Only then was she able to see the need to live more reasonably.

Discussion. In the first case, the woman "God didn't care about," the attitudes and feelings that Mrs. Jones expressed about God might have been regarded as simply the gloomy ruminations of a depressive. Depressed people frequently claim that others don't care about them, but even more frequently they feel that they have failed others. To tell whether such statements

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¹ American Psychiatric Association. *A Psychiatric Glossary*. 3rd Edition, Washington, D.C., 1969.

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are merely depressive symptomatology or transference requires further inquiry into the patient's background. While it is possible to overemphasize the effect of past events on the present, in cases such as that of Mr. Jones, the "fit" seems too good to be dismissed as coincidence. Failure to gather the background information necessary to distinguish depressive expressions from transference runs the risk of leaving an essential component of the person's problem untreated.

Examination of Mrs. Jones' background indicated that as a child she was indeed unwanted and insufficiently loved and cared for by her mother, and as an adult her husband had abandoned her. Mrs. Jones' feelings were accurate, but the problem was magnified when she attributed the attitudes of her mother and husband to God as well. As a result, her despair was intensified because she did not feel that she could turn to God for help in a time of need, which she would have done were it not for those feelings.

An appropriate therapeutic approach for this type of problem would be for the therapist to bring out in discussion with Mrs. Jones the real source of her feelings and to point out that just because her mother didn't want her did not mean that God didn't want her or that nobody would ever care about her. In persons like Mrs. Jones with such deeply ingrained ideas, the new interpretation usually needs to be brought out repeatedly and from many different angles before the person begins to understand and believe it.

In the second case, I attempted early to show Mrs. Walker that God was not the tyrant that she believed Him to be. I also tried to show some of the noncompulsive traits of Christ's disciples that were acceptable, e.g. plucking a few grains of corn on the Sabbath. Yet for every scripture I could cite (primarily from the New Testament) showing God to be understanding or merciful, she could cite one (from the Old Testament) where He did "zap" or destroy someone. Then she would quote, "...God is the same yesterday, today and forever..." Now I am approaching this problem by acknowledging that there are many scriptures which show God to be stern and exacting and that there are many which show Him to be kind and forgiving. I am teaching Mrs. Walker that the reason she focuses exclusively on the strict or stern descriptions of God is because her father behaved that way toward her, and that is why she ignores the counter-balancing scriptures. I repeatedly bring out that her frenzied efforts to please God are but a continuation and extension of her frenzied efforts to please her father, but that unlike her father, God does not expect instant perfection. By so doing I hope with time that Mrs. Walker can begin to understand the loving side of God and can be more reasonable with herself.

Conclusion. When a troubled individual makes

statements about Deity, those statements provide a clue to the nature and source of that person's difficulties, both in early relationships and in present life. Those statements often give understanding of the way that person was treated by parents early in life. The effect of these early experiences on present life and behavior can then be discussed and utilized in treatment.

When a therapist is aware of transference to Deity and uses it in the treatment process, he provides a vital addition to the person's therapy. By liberating the person from psychological problems left over from early life, he enables the individual to seek a more mature and satisfying relationship with God.