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Taking the piss? A self-reflexive analysis on Jung's question about 'psychotherapists or clergy'

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Working as a hospice chaplain I have experienced myself as the object of patients' transference. This has been uncomfortable and has left me feeling unrepresented by my identity as a clergyman. Training as a counsellor/therapist has increased my awareness about my own countertransference and, although this has been equally uncomfortable, the awareness has enabled me to self-reflexively analyse my identity as a clergyman. The trigger for my self-reflexive analysis was the response of a fellow student to my unguarded use of the word 'piss'. I use the theory of Fairbairn to respond to a question posed by Jung.

Keywords: chaplain; counsellor training; transference/countertransference; internal saboteur; Fairbairn; Jung

'Trust a chaplain to lower the tone!'. The comment was a light-hearted and ironic challenge to me after I'd used the word 'piss' in an Experiential Group. However, ironic or not, it made me aware of a whole set of anxieties I was having in relation to my professional role as a hospice chaplain in training to be a counsellor/therapist. This awareness linked directly to observations my tutor had previously made that focused specifically on the duality/multiplicity of my roles and the need 'to both integrate and separate them'. She felt that I needed to address 'the difference between being reflexive as a counsellor and perhaps [my] more comfortable position of being reflective in [my] ministerial role'; she had identified a fundamental question of identity that was making its unconscious, but none the less tangible, presence felt in my practice.

   This paper is essentially a self-reflexive professional log, written in order to concentrate my thinking about the duality/multiplicity of my professional/ occupational and vocational roles – my ministerial role; my relationship to it; why I came to it; how it impacts my personal and professional/occupational identities; and how and why I am reconstructing these identities.

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Ordination, countertransference and self-sabotage

I don't experience myself as a *chaplain*: the label doesn't represent who-I-am. As a Baptist, I don't have an ontological view of ordination, and I certainly don't hold to the Roman Catholic idea with which I was brought up that by ordination I have been ontologically 'configured [*configurantur*] to Christ' (Vatican II, 1975, paras 2, 12) or that, by its virtue, I possess an 'indelible spiritual character' (*Catechism*, 1994, para. 1582) that sets me apart in my being. I have a functional understanding of ordination, and an uncomfortable relationship with it – and the more so with the organization that ordained me – part of my reason for training in counselling/therapy is to transgress, perhaps even subvert, the restrictions of my ministerial identity, and part of the thrill for me in training in counselling/therapy has been to discover that spirituality – about which I am passionate – has value within the discourse of counselling/therapy (West, 2004).

So when I used the word 'piss' perhaps I wanted to shock. Perhaps I'd been more caught up in my attempts to transgress and subvert than I had at that point realized. Perhaps my relationship to my ordination had been more ontological than I was willing to admit; and existentially so because, for me, counselling/therapy training has to do with reconstructing myself within a discourse that is non-religiously spiritual.

'Trust a chaplain to lower the tone!'. The comment confronted me with my discomfort with the transferences that I experience as directed at my ordination.

My day job regularly confronts my countertransferential discomfort.

> Me: Hi! I've just come to introduce myself. My name's Steve and I'm the chaplain here.

The transference is visible in the eyes. The words 'and I'm the chaplain' have power to spark a light in some eyes. These are the religious I's (egos) that have been waiting to greet, not Steve-Nolan, but The-Reverend-Doctor, agent of the religious institution to which they belong; representative of their god; embodiment of their 'quasi-magical and other-worldly expectations ... [and] whatever transcendent elements' may be functioning in their archetypal transference (Hinksman, 1999, p. 101). I respond to their illumination, but I know that it is sparked by who it is that they think I am – I am become their transferential cipher; and my countertransferential fear is that I am not who I think *they* want me to be and that if they knew who *I* think I am they would not be so welcoming of me.

Then, equally, for others, the words 'and I'm the chaplain' have power to extinguish any potential kindling in the eyes. These are the non-religious I's (egos) that view agents of religious institutions as an irrelevance, and

I respond to the darkening of their gaze with disappointment as they extinguish something in me; I know that their eyes darken not because of Steve-Nolan, but because I am The-Reverend-Doctor and because of who and what it is that they think I represent – I have become the transferential place-marker in their 'Schema L' (Dor, 1997, pp. 157–68; Lacan, 2006, p. 40). Consequently, every time I say the words 'and I'm the chaplain' I trigger within myself a set of neurotic countertransferential anxieties about how I am (mis)representing myself and how I am being (mis)recognized. I am discomforted because the phrase 'and I'm the chaplain' does *not* represent who-I-am – to paraphrase Lacan, 'je [parle] où je ne suis pas, donc je suis où je ne [parle] pas' (Lacan, 1966, p. 517; 2006, p. 430)[1] – and I resent and resist being (mis)represented and reduced in this way.

'Trust a chaplain to lower the tone!'. So if I used the word 'piss' to shock, then perhaps it was to indicate that I can be as street-wise fluent in Anglo-Saxon as I am ecclesiastically fluent in Koine Greek. However, if I did want to shock, then it was an unconscious desire, and what was most shocking was that I shocked myself: not because I heard myself speaking in the vulgar rather than the Vulgate but, following the ironic rebuke about a chaplain lowering the tone, I realized that I may have achieved what was actually an unconscious desire: that is my 'internal saboteur' (Fairbairn, 1994b, p. 101) may have ruptured the respect some group members had for me and, in so doing, I may have destroyed any prospect of receiving their recognition – in which case I would have freed myself from the stress of feeling the need to gain recognition from people whose respect I, in any case, dismissed as inconsequential; a dismissal that itself probably originated with my internal saboteur.

Yet recognition is my '(internal) exciting object' (Fairbairn, 1994b, p. 104) that intolerably tantalizes my 'needing self' (Gomez, 1997, p. 61); it is my *objet petit a*, the lost breast of my primordial, imaginary idyll (Lacan, 1979, p. 168). When was it lost? By all accounts, sometime during my first 36 months; but I don't recall much of it at all in my early childhood, and certainly not from my mother: me-mam. With hindsight, I realize that she may have lived with some form of chronic depression, and I know for sure that she lived with a profound jealousy towards her sister, a jealousy that infected all our family relations and contributed to alienating her and me-dad from me-Aunt Ellen and her family. Me-mam was sexually cold towards me-alcoholic-dad and emotionally constipated; 'bottling-things-up' within herself until she vented her frustrations in inappropriately displaced outbursts, usually at me-dad's mam.

Me-dad's alcohol abuse left this already depressed, non-empathic woman further neglected, and I can see that as a small child I probably worked very hard to attract her attention, thereby to gain her love in the form of her recognition. I recall many evenings when me-dad would arrive

home from work about 6 o'clock, talk with me-mam over his meal, 'borrow' some money from her, wash, shave and change, and be out to the *Greyhound* or the *King Billy* by 7.30 p.m. Sometime around 9 o'clock me-mam would come in from the kitchen – I'd be watching the telly – and she would sit on the settee with coffee and biscuits. I would join her, snuggling up against her tiredness, and we would pass one more of many of my young nights in this pattern – but I never remember her arm curling around me. I do remember an occasion when I was primary school age, somewhere between 8 and 10 years, when me-mam and I were walking past my school – we were probably going home from seeing me-mam's mam, and I guess I had been excitedly telling me-mam about something good that I was doing, possibly at school, possibly at football. The detail is forgettable and I've forgotten it, but I clearly remember her response. She crushed me with nine short words: 'Yes, but you're still going to die one day'! As I write and re-read them, I feel again the wallop of her ill-judged reply. Perhaps, in accord with the peculiar logic of her own interior world, she meant well; perhaps she wanted to save me from some unspecified, unholy danger – probably of pride, probably of thinking too highly of myself. Whatever reason she may have had, those nine words have never left me; they pronounce my 'lack' and articulate my '(internal) rejecting object' (Fairbairn, 1994b, p. 104): I desire recognition, but I so despise my desire that I use the word 'piss' in order to sabotage any attempt of my 'needing self' to self-gratify.

Ordination: A 'moral defence'?

I had not come across the concept of 'pathological caring' until I heard it used by my supervisor at my counselling placement. Discussing a client one member of the supervision group was trying to understand, the supervisor introduced the idea of pathological caring:

> Supervisor: ... which *we* [i.e. counsellor/therapists] all have! This usually goes back to a depressive mother.

I began to think about my own pathology – my need to care – and to see this in relation to me-abused-depressed-mam and my concern for her.

As synchronicity would have it, during the Experiential Group of that same evening the group discussed how, when the mother is not empathic, the baby will try to attract the mother. As the child grows, his patterns of behaving-to-attract become established and so organize his way of being and relating; in other words, he (mis)recognizes in non-empathic people something of his non-empathic mother and behaves towards them in ways that reprise his way of being and relating towards that non-empathic mother, i.e. he behaves-to-attract in the present because he has learnt in the

past that this way of being gets him the attention he craves. In this way, the grown child, making a maternal transference, is both attracted to and attracting of bad objects.

Taking the issue of pathological caring to personal therapy, I explained to my therapist how the insight had emerged and how it connected with my experience with me-non-empathic-depressed-mam. I acknowledged my own pathological caring and I wondered with him about the ways in which I had accommodated myself to being a pathological carer. I spoke about the fact that I have long recognized that I am drawn to want to protect abused women and I began to realize that, whereas I had thought that I had been living out a displaced sense of making good the lack in me-abused-mam's experience, I have, more likely, been trying to make good a lack in me.

My therapist questioned my use of 'pathological' (as an existentialist, *he-would-wouldn't-he*!) and reframed it in terms of Jung's idea of the 'wounded healer' – which Jung links with the Greek myth of Chiron (Samuels, Shorter, & Plaut, 1991, pp. 64–65; Stevens, 1994, p. 126) and with the importance of 'not knowing' (Jacobs, 1995, p. 8; Stevens, 1994, p. 137). I wondered with him about what the lack might be in me that I was looking to make good; specifically I wondered what it was in abused women that might make good my lack. It was my therapist who suggested it might be that she gives me *recognition*, and it was from this that I began to think about whether I had ever felt recognized by me-mam. I reflected about my relationship with her. I had long ago recalibrated my conception that, as a child, I had been close to her rather than to me-dad; but, whereas I had thought that I had looked to him for recognition, I began to wonder whether it might actually have been from her that I had been seeking recognition. I related to my therapist my story about her nine damning words and I recalled how, during an earlier period of counselling, I had talked about my problematic relationship with me-dad – I had always assumed that this had been the most significant of my parental relationships, because it was the one that I had experienced as the more destructive. The counsellor had then asked about me-mam: who she was and how I was with her? Simply ... I didn't know; she was a blank to me, an emotional black-hole, and I was shocked by my realization.

The hard work I put in to attracting me-mam's recognition seems to have had a determining influence on my career, and I wonder now whether what I took to be a call from God may, in fact, have been a response to a call from my own pathological need to care.

Me-mam was a 'good-Catholic-girl' and she did her best – as best she could – to bring me up to be a 'good-Catholic-boy'. However, I was always a reluctant churchgoer and I resisted her faith taking root in me until, in my

mid-teens, at a time when other lads were giving up on church, I decided to become a priest. My call came through the ordination service of young man from our parish, but I now wonder whether I was responding to the voice of God or the voice of me-mam (perhaps, like Emily Watson's Bess in Lars von Trier's film *Breaking the waves* [Windeløv et al., 1996], I was mistaking the voice of God speaking for the voice of me-mam). Maybe I was, in fact, taking upon myself 'the burden of badness', purchasing some outer security 'at the price of [my own] inner security' (Fairbairn, 1994a, p. 65); maybe, in merging the voice of God with the voice of me-mam, and in so doing responding to the voice of Mother Church, I was redeeming me-mam as an 'ambivalent object' (Fairbairn, 1994b, p. 110) by the sacrifice of my own goodness: maybe I was acting-out Fairbairn's moral defence against bad objects, in which 'the child would rather be bad himself than have bad objects' (Fairbairn, 1994a, p. 65). I know that at that time I experienced myself as unredeemably bad, internalizing all sorts of guilt feelings around my emerging sexual identity. As a hormone-driven teenager, I discovered on page three of me-dad's daily newspaper an altogether new direction for my desire for the breast: as sexualized fuel for my masturbatory phantasies. Maybe I internalized me-mam (sexually cold; neo-Platonically *virginal and pure*) as a good object, and with her the 'super-ego role' (Fairbairn, 1994a, p. 66) of Mother Church, becoming myself 'conditionally (i.e. morally) bad *vis-à-vis* [my] internalized good objects (i.e. [my] super-ego)' (Fairbairn, 1994a, p. 66) (sexually aroused, 'self-abusing' and impure).

If my tormented teenager strategy was intended, finally, to gain recognition from me-mam, then it worked – albeit to a limited degree. As a seminarian, I had the recognition of the Mother Church: I was visible, serving the priest on the altar at Sunday Mass; and me-mam-an-dad's friends all knew I was training to be a priest – they were all proud of me, although I doubt they would have been so proud had they known how frequently I yielded to my hormones. As a seminarian, I never used the word 'piss', why would I? I had all the recognition I needed and I felt good about it – although it soon dissipated when I left the seminary and abandoned Mother Church.

So, if my response to the call to *enter-the-church* has been an unconscious response to the call of my inner, 'needing self' for the recognition that me-mam couldn't give, perhaps it's not surprising that I relate uncomfortably to my ordination; or that I reject the female Regional Minister of my denomination (my Mother Superior?) who recognized too late my need for pastoral support; or even that, in training to be a counsellor/therapist, I am somehow reconstructing myself over against the (mis)representations of my ministerial identity (my religious I/ego) while embracing a newly liberated, non-religious spirituality – about which I remain passionate.

By way of an ending

So, finally, Jung's question has become my question: shall I be a psychotherapist or shall I be a clergyman? (Jung, 1961). For Jung, the difference was attitudinal:

> The patient feels my [psychotherapist's] attitude to be one of [non-judgemental] understanding, while the pastor's hesitation strikes him as a traditional prejudice, which estranges them from one another. ... He rightly suspects that the pastor's moral prejudice is even stronger than his dogmatic bias (Jung, 1961, p. 270).

The reason for this is that 'modern man has heard enough about guilt and sin ... and wants rather to learn how he is able to reconcile himself with his own nature' (Jung, 1961, p. 274).

For Jung, writing in 1932, psycho-neuroses arise because people have 'not discovered what life *means* for' them (Jung, 1961, p. 260, emphasis added). Such psycho-neuroses lead to spiritual suffering, and in reality it is 'the priest or the clergyman, rather than the doctor, who should be most concerned with the problem of spiritual suffering' (Jung, 1961, p. 262). However, because the clergyman lacks specialist knowledge, Jung insists that it is 'high time for the clergyman and the psychotherapist to join forces to meet this great spiritual task' (Jung, 1961, p. 265). Writing in 1952, Tillich observes a co-operation between, on the one side, 'medicine generally and psychotherapy specifically' and, on the other, philosophers and theologians (Tillich, 1962, p. 75) leading to 'a practice of "counselling" [that] has developed which is, like every attempted synthesis, dangerous as well as significant for the future' (Tillich, 1962, p. 76). While Tillich advocates an existential psychotherapy, he makes the point that those ministers and theologians who co-operate with psychotherapists must understand the limits of religion and its capacity to 'protect and feed a potentially neurotic state' (Tillich, 1962, p. 77).

I understand, only too well, the capacity of religion to foster neuroses. In addition, perhaps having deepened my understanding about the aetiology of my particular psycho-neuroses, I am in a better position to begin integrating and separating my roles as therapist and clergyman, and so to find a way to be both. Maybe, 'lowering the tone' with street-wise Anglo-Saxon, shocking though it may be to those who transferentially project onto me, could actually be a constructive part of my integrating reconstruction, a loosing myself from the claustrophobic economy of the 'moral defence', and a finding, within the non-religiously spiritual discourse of psychospiritual care (Nolan, 2006), of that 'respect for the secret of [my own] human life' that is the mark of the truly religious person (Jung, 1961, p. 271).

The fact that I was shocked by the rebuke is an index of the extent to which my search for the lost breast informs my way of being-*with* the other. It is also an index of the extent to which I am at risk of needing the recognition of my clients. However, what I take from the rebuke of my fellow participant is the realization that, as I sit in the room with my client, we are each other's objects, exciting and/or rejecting. In those moments 'I myself stand in need of the alms of my own kindness ... I myself am the enemy who must be loved' (Jung, 1961, p. 272), and the extent to which I can accept, or give recognition to, myself is the extent to which I will be able to offer any measure of 'unprejudiced objectivity' to an other (Jung, 1961, p. 272); and to that extent I will, hopefully, avoid being caught in the kind of neurotic countertransference that would excite my 'needing self' into acting-out my search for the lost breast in my client's recognition.

Note

1. 'I am [speaking] where I am not, therefore I am where I am not [speaking]'.

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