Przegląd Religioznawczy 3(285)/2022
The Religious Studies Review

ISSN: 1230-4379
e-ISSN: 2658-1531
www.journal.ptr.edu.pl

AGNIESZKA MAŁGORZATA KRZYSZTOF-ŚWIDERSKA
Jesuit University Ignatianum in Cracow, Institute of Psychology
Department for the Psychology of Religion and Spirituality
e-mail: agnieszka.krzysztof-swiderska@ignatianum.edu.pl
ORCID: 0000-0002-0819-0350

KRZYSZTOF TOKARZ
Medical College
of Jagiellonian University, Cracow

KRZYSZTOF KRZYSZTOF
Ulster University, Belfast, United Kingdom
ORCID: 0000-0003-3422-2456

DOI: 10.34813/ptr3.2022.13

Ways of experiencing atheism: Changes in both personality organization and God image in the course of psychodynamically oriented individual psychotherapy for a patient with an initial diagnosis of paranoid personality disorder

Abstract. This article discusses the process of changes to a patient's personality organization and God image in the course of long-term psychodynamically oriented psychotherapy. The patient remained a declared atheist, and so these changes did not involve his general views; rather, they only concerned his manner of experiencing his own and others' faith. The patient's personality organization and God image were examined twice: at the beginning of psychotherapy and after two years of contact. Those assessments used the personality organization diagnostic form and Ana-Maria Rizzuto's God/Family Questionnaire. The process of changes in the God image and changes in approach to religious life is considered from the point of view of modern psychoanalysis, and especially from the perspective of object relations theories. This article addresses the maturity of different religious declarations and the relation to mental health from both a Freudian and a more modern psychoanalytical perspective.

Keywords: atheism, personality disorders, God Image.

Attempting to examine the God image of atheists sounds ridiculous. However, there are theoretical approaches that make that idea understandable, and even obvious. Rizzuto views the God image as resulting from early childhood relations and therefore being common in Judeo-Christian culture. This statement is also one explanation for why people can suddenly convert or return to beliefs that they have rejected. However, individuals vary in their approach to belief in the God image they have developed (Rizzuto, 1979). Regardless of whether one rejects or has faith in that God image, however, it remains accessible throughout the span of that individual's life. This observation also explains why the phenomenon of sudden religious conversion occurs. Among other kinds of attitudes, Rizzuto has listed those "amazed, angered, or quietly surprised to see others deeply invested in a God who does not interest them" at all (Rizzuto, 1979). As one can easily notice, even within this group of people, the range of individuals' attitudes towards their God image—and therefore, to belief in those who do not believe—is broad. There are also individuals who struggle with a demanding, harsh God of whom they would like to be rid, and some of them call themselves atheists (Rizzuto, 1979). Furthermore, so-called mainstream science has an interest in describing and analyzing different kinds of nonbeliefs. Psychologists listed: academic atheists, activist atheist/agnostics, seeker agnostics, antitheists, nontheists, and ritual atheists (Silver, 2013). Jong has argued that atheism and related terms are, as with other social science concepts, fuzzy categories and that no one can say exactly what it means to be an atheist (Jong, 2015).

Changes in a patient's God image over the course of psychotherapy have also been widely explored and described (Cheston et al., 2003; Tisdale et al., 2018; Key, 1995). The sources of the image of God in early childhood relationships and its connection with structures emerging at the same time have also been extensively researched and described. Most authors point to the introjection of the parents' image and then the projection of their internalized images into the image of God (Strength, 1998, p. 180). Nevertheless, some of them point to the functioning of the image of God as a separate „being" in the psyche of an individual (Rizzuto, 1979). Others, like Davanloo, for its association with the superego, whose frameworks begin to form long before Freud postulated superego development (Beeber, 1999, p. 162). Moreover, models for doing the practical work of therapy in a Christian context have been proposed. For example, very practical and efficient seems to be model of work based on techniques of Davanloo's Intensive Short-term Dynamic Psychotherapy (Strength 1998). What is more, these changes can take place even when psychotherapy is not focused on religious matters. It has also been proven that the phenomenon of sudden religious conversion more frequently occurs in groups of people with severe personality disorders (Scobie, 1973). Cross-lagged analyses in research from 2020 suggest that that object-relational functioning affected God representations (Stulp et al., 2021, p. 22).These considerations raise the question of whether atheists' God images—and hence, religious declarations—could somehow change. Exploring what might happen in the course of psychotherapy to an atheist's attitude towards God, and therefore, towards belief, is relevant for a multitude of reasons. However, in light of the fact that atheism is positively associated with education, tolerance, whereas

negatively correlated with prejudice and need not imply a denial of God, what would we actually be exploring by asking atheists about God and religion (Beit-Hallahmi, 2006)? For the Christian therapists, part of the work with clients is promoting their relationship with the real God (Strength, 1998, p. 179). But how about a therapist who is trying to be neutral in his work and a client who is a declared atheist?

"Stupid, ugly, gay" – the Mr. Z case study

Mr. Z was first referred to psychotherapy by his mother because he didn't want to go outside the house. For a few months, he spent all his days only at home with his parents never leaving his house. The patient feared that others would discover holes in his education and judge him to be unintelligent. A homosexual, Mr. Z was also afraid that his colleagues would find out about his sexual orientation and subsequently reject him. Furthermore, he was also worried about his physical appearance. However there was no realistic reason for it. The patient stated that these anxieties first emerged when he was 18 years old and going through a breakup with his girlfriend of one year. His apprehension tended to subside when he entered a close relationship and to increase during moments of frustration. At the time of his referral to psychotherapy, Mr. Z was 22, single, and living with his parents and sister. His brothers moved out to start families of their own. When the patient was 13 years old, his mother was ill with cancer, and that event destabilized the family. His parents were often not at home, leaving the children to take roles of absent parents. Mr. Z's mother was hospitalized twice in a state of clinical death. Until that time, the family had been marked by religious rigor. However, since the age of 14 years old, Mr. Z had started to rebel, and he started attending parties where he drank a significant amount of alcohol. During one of the parties, he was raped by an older man. He did not talk about that event at home, but he stopped going out. He continued to attend high school focused on the arts and made friends with one of his classmates. When he was 17 years old, he started dating a girl. They met every day and began having sexual intercourses. After he found out that the girl had a crush on another man, he became jealous, provoked fights, and finally broke up with her. After a period during which his functioning declined, he started preparing for his studies. Following a friend's lead, he had started studying art. Furthermore, he could not stand the idea of his classmate having other friends. These difficulties prompted him to switch his course of study and return to his parents. He also recalled that when he was 17 years old, he revolted and stopped attending church as a means of rebelling against his father's rules.

Course of psychotherapy

At the first session, the patient was with his mother. He was afraid of being diagnosed as seriously mentally ill and finding out his "dark secrets." From the beginning, he described himself as "stupid, ugly, gay." His goals for psychotherapy were to reduce his social anxiety, recognize his expectations, and improve his relationship with his parents. After the initial meeting, the patient elaborated on three further

objectives: (1) learning to cope with difficulties in forming relationships with people (his relationships were of two kinds: overly close or full of distrust), (2) examining his delayed development in many fields of life, and (3) addressing his problems in experiencing his own sexuality.

The first sessions involved supplementary interviews and accustoming the patient to the method of work. Initially, the patient arrived late to the sessions and did not want to talk about himself due to his fear of judgment. After that anxiety declined and Mr. Z came to see that the same concerns were part of his everyday life, he started to provide facts about his current situation. However, his conclusion was always that everybody would reject him. The psychotherapist proposed increasing the number of sessions to two per week. Over four months, many issues were analyzed. Mr. Z came to recognize the causes of his problematic attitude towards others, such as the transference of emotions from one field of life to another. In this initial phase of psychotherapy, the patient said that he did not hear or remember many interventions from this stage of psychotherapy. When psychotherapist said anything to him, he smelt stench (olfactory hallucinations). That information shed light on the patient's psychotic experiences, which were characterized by distrust, a disordered way of perceiving himself, and paranoid anxiety. In addition to showing the patient that his feelings were connected to his tendency to avoid contacting people, the psychotherapist was trying to teach the patient to distance himself from his emotions, calm himself, and abstract himself from the feeling of being observed. After making a headway in reducing these feelings that were preventing the patient's contact with other people, the psychotherapist attempted to analyze his functioning again. At this stage of psychotherapy, Mr. Z was able to take interventions without experiencing hallucinations. The therapist analyzed the following issues: the patient's overly close relationship with his mother, abandonment, the patient's feeling of competing with his brother and losing, his limited ability to tolerate frustration, the influence of the rape on his sexual development, his tendency to form symbiotic relationships (with his mother, girlfriend, and classmates), the causes of his breakup with his girlfriend, and his perceived need to create a masterpiece.

After 1.5 years of work on these issues, the psychotherapist observed that the patient gradually became more independent and could distinguish between what is important and what is unimportant information for him.

At the time of second examination new issues were observed: identification with a masculine role, triangular relationships and feelings evoked by them, sexual orientation, sexual needs and realization, and responsibility for himself and the family.

Research questions

What changes took place in the patient's personality organization during the therapy?

What changes have occurred in the patient's image of God in the course of therapy?

What changes took place in patient's faith (declaration)?

What changes have not occurred and why?

Methods

A patient was examined twice in the course of treatment: (1) after two years of individual psychotherapy and (2) after almost two more years of individual psychotherapeutic meetings. The same set of methods was used in both cases. The patient's personality organization was diagnosed with a personality organization diagnostic form (PODF), which was primarily based on Kernberg's theory (Diguer et al., 2001). What is important this tool interrater reliability evaluated with use both weighted kappas for the dichotomous items and intraclass correlation for dimensional scores was proved to be good. For the 15 dichotomous items, the kappa ranged from .36 (omnipotent control) to .85 (emptiness) (M = .63), which indicates good reliability (see Table 2). Percentages of agreement ranged from 76% (projective identification item) to 98% (stimuli's differentiation) (M = 87%). Intraclass correlations were calculated for the four dimensions and the GPO (Hébert et al. 2003, p. 248). Similarly, to examine construct validity of the PODF, three tests were carried out to demonstrate that the results were consonant with the definition of the construct: exploratory factor analysis (EFA)to examine whether the factor structure underlying the data reflects the three POs included in the model, Cronbach alpha coefficient to examine internal consistency of the measure and finally correlations between the four dimensions and the GPO. All three conducted tests examine different aspects of validity construct and prove it to be good. Factor analysis showed that items tended to regroup according to the model, which contributes to the validity of the PODF. Cronbach alpha coefficient for all items was .74. At items level, Cronbach alpha ranged from .70 to .74 (Hébert et al., 2003, p. 250). Correlations Between Global Personality Organization (GPO) and the Primitive Defenses, Identity Diffusion, Lack of Reality Testing, and Object Relations Dimensions occurred to be good (Hébert et al., 2003, p. 251).

Authors of the cited rapport wished to compare the PODF with a valid measure of PO (concurrent validity). However, this was not possible because the few available measures were not more valid than the PODF (Hébert et al. 2003). It is important to say that above rapport suggests that PO evaluation differs from a psychiatric evaluation that focuses on DSM disorders and symptoms. It should be also supplemented with more items describing healthy functioning (Hébert et al., 2003, p. 251).

Table 1
Global Personality Organization Diagnosis and its dimensions (from Diguer et al., 2001)

GPO	Dimensions			
	Identity	Defenses	Reality Testing	Type of Object Relations
Neurotic	Integrated	Mostly mature	Good	Oedipal
Borderline	Diffused	Mostly primitive	Mostly Good	Borderline 2a, 2b, 2c
Psychotic	Diffused	Mostly primitive	Impaired	Psychotic

The PODF is a flexible diagnostic tool that can be applied to a broad range of clinical materials, including therapeutic sessions; interviews (both structured and unstructured); case studies; and personality tests, such as the Structured Clinical Interview for DSM Disorders-IV-TR Axis II Personality Disorders [SCID-II]). It has also proven useful in various clinical contexts, such as inpatient and outpatient settings, and as part of research studies. The PODF is a method for gathering and analyzing material that takes Kernberg's theory, as well as other object relations theories, into account (Diguer, Normandin & Hébert, 2001).

Table 2

Quality of Object Relations (from Diguer, Normandin & Hébert 2001)

1 Symbiotic with fear of disintegration and annihilation
2a Low Borderline Organization with fear of the object: Paranoid, Schizoid or Schizotypal
2b Low Borderline Organization with control of the object: Malignant narcissism or Antisocial
2c High Borderline Organization with fear of abandonment: Dependent, Histrionic, Sado--masochistic, Narcissism or Borderline
3 Oedipal with fear of castration – depression: Hysteria, Depressive masochistic or Obsessive-compulsive

In this case, the material was drawn from the clinical context, and it included anamneses, test results (e.g., sentence completion tests), and therapeutic sessions.

Rizzuto's God/Family Questionnaire was chosen as a method of examining the patient' God image (Rizzuto, 1979). It is a semi-structured projective method, like sentence completion tests, that makes it possible to both analyze significant individuals from a patient's childhood and God image and speculate about the mutual relationships between them. The 10 points of Rizzuto's schema were used to facilitate the task of comparing individuals' God images (Rizzuto, 1979).

Due to the insufficient research sample resulting from the strictly qualitative nature of the research, classical statistics cannot be applied and programs such as SPSS or Statistica are not applicable. The use of this type of calculation method would be inconsistent with the mathematical requirements as well as with the APA recommendations (Marszalek et al., 2011). In order to compare both examinations in organized and enabling replication of research modern method of qualitative analysis were used (Anczyk et al., 2019). To provide numerical data for qualitative methods NVivo Software was used (Zamawe, 2015). The content analysis of two examinations with God/Family Questionnaire, based on coding in NVivo program is more detailed and direct than analysis based on interpretative schema Rizzuto (Rizzuto, 1979). Therefore, obtained bottom-up categories are good supplementation of psychoanalytic observations. It seems also that it could verify it to some extent.

Moreover, there was an attempt to use a clinical analysis of patients' drawings of God (Jacobi, 1968). However, the patient in question refused to draw a picture of God in both examinations.

Results

Table 3
Rizzuto's Interpretation Schema (1979)

1. The individual's attitude toward belief in God;
2. The prevailing characteristics of the God representation;
3. The sources of the God representation to primary objects;
4. The elaborations and transformations that paternal representations have undergone to become a God representation;
5. The psychic defenses working to facilitate belief or lack of belief;
6. The prevailing uses of the God representation in the process of maintaining psychic equilibrium;
7. The early life conditions and traumas contributed to the elaboration of a particular God image;
8. The connections between the God image provided by organized religion and the private God representation;
9. Particular needs that the individual may have in relation to God, even if the need is that God does not exist;
10. Taking into consideration any psychodynamic diagnosis (from Rizzuto, 1979).

Table 4
Comparison of PODF results in two examinations

Examination	Identity	Primitive defenses	Mature defenses	Impaired Reality testing	Object relations and typical type of anguish	GPO
I	-8	10	7	8	Fear of object, paranoid	Low BPO
II	9	4	9	3	Fear of abandonment, narcissistic	High BPO

In the first examination with use of the God/Family Questionnaire, an analysis using the scheme proposed by Rizzuto (1979) showed that the patient declared that he had lost his belief, which he associated with childish naivety. However, his attitude to religious issues seemed like a way to get rid of a strict and all-encompassing God image. For the patient, "not believing" likely meant "not trusting." In the second examination with the same tool, the patient declared that he lacked belief but understood others who felt differently. God seemed more neutral, passive rather than strict. Interestingly, he saw God as lacking in relevance for him but refused to explicitly deny God's existence. Thus, "not believing" had likely started to mean "not

relying on", "choose independence" for the patient. In the first examination, the patient denied dependence on God as a "good" object. After 1.5 years of psychotherapy, he still overtly denied that he depended on God, although he did allow for other dependencies. In both examinations, the source of the patient's God image was an image of a father, whom the patient experienced as distant. As the patient recalled, both his relationship with his God image and his relationship with his father had improved when his mother was ill. When she recovered, the patient resumed his dependence on his mother. The two were engaged in a kind of symbiotic relationship. The patient's temporary exit beyond this symbiosis was not likely based on a separation/individuation process, only on sudden pull out of symbiosis to an enemy reality. An external situation of his mother's illness was so difficult that the patient's world of internal objects and his feelings toward them were still reacting to it. At the beginning of psychotherapy, Mr. Z was still fighting this family trauma. According to Davanloo a self-constructive functioning of the patient's ego has become paralyzed under the harsh and punitive mandate of the superego (Have-de Labije & Neborsky, 2012, p. 120). However, the analysis revealed that his image of the father had undergone only poor elaborations via primitive psychic mechanisms. He primarily projected difficulties with his emotionally withdrawn father, who was excluded from the symbiotic relationship his mother. At this point, the question arises: does more complicated mental operations are needed - more mature defenses - to establish the superego structure? Psychoanalytic theoreticians differ in this matter. For example, Davanloo modified Freud's view that the superego is established late in the history of a person's development and starts working after the oedipal complex is disbanded. He stated that the superego can play an active role in the development and maintenance of disturbance already in the first months of a child's life. Happening this is due to disturbance or permanent damage to the emotional bond between child and caregiver (Abbass & D'Arcy, 2007). Is it the working of primitive, harsh superego or just displacement of feelings related to caregivers to cosmic level? At the stage of the first examination, the patient's structures do not seem to allow the implementation of any rules of conduct in the world, which is traditionally the role of the superego - he is only able to avoid contact with the world and people. His fears and needs seem to be of symbiotic origin. It is worth of noticing that, in the first examination, the patient solely had negative feelings toward his God image, which probably allowed him to have closer contact with his emotionally withdrawn father during the difficult circumstances surrounding his mother's illness. It indicates that God image has some constructive role. The postulated mechanism is displacement of difficult feelings beyond the relation he feels really needed in that moment. In the second examination, Mr. Z's feelings about God were less intense, and at the same time he displayed a kind of tolerance for his father's character. Denial was the psychic defense working to facilitate a lack of belief in the first examination. In next assessment, Mr. Z's lack of belief was no longer so tightly connected with his denial of dependence. Rather, it was simply a choice—one that was neither highly dramatic nor crucial for the patient's day-to-day life. Despite of superego issues, one can postulate that in both examinations with the God/Family Questionnaire, the patient's God image

and relationship to it were based on a displacement of his emotional problems to a "cosmic level of religious dimension" (Rizzuto, 1979). However, in the first examination, one can observe the patient's denial of the meaning of the father, along with a longing for emotional contact with both God and that father. It seems that initially, the patient did not accept his father on any level. Rather, Mr. Z refuted the simple fact of his father's existence and character traits, and he instead longed for someone who did not exist. In addition, the fact that he was still trying to come to terms with the trauma of being raped by an older man likely colored his relationship with God on at least two levels: (1) philosophical reflection level: if God exists, how he could have allowed such a thing to happen;(2) unconscious object level: God as a figure of older man could be identified with the aggressor. We could assume that trauma paralyzed a self-constructive functioning of the patient's ego – Mr. Z belongs to a group of patients who have experienced attachment at some point in their lives but these attachments have been broken by one or more traumatic events (Abbass & D'Arcy, 2007). He was experiencing traumatic events from his past as happening at the moment (Abbass, 2016, p. 248). Therefore, those dilemmas were displaced into the religious dimension to maintain a fragile psychic equilibrium endangered by his traumas. In both examinations, the patient's weak emotional contact with his father had an influence on his God image. Father as a representative of reality could have moved patient beside symbiotic relationship with mother but was too distant to do it. In both examinations, the patient saw institutionalized religion as form of childish dependence that he had outgrown. Regardless, in the first assessment, he mentioned that institutionalized religion had provided him with an image of a good father in the form of Joseph. It seemed to be an attempt to look for a positive fraternal object in religion, and that finding was more than unexpected for a declared atheist. In summary, Mr. Z's denial of God's existence in the first examination was a form of removing his father and trying to stop that figure from influencing his life. However, that figure's most frightening traits seemed to partially reflect a split maternal, primary object—God appeared as both strict and as encompassing every single aspect of life. An all-encompassing psychic symbiosis seemed to be a the most pressing problem of the patient. In the second examination, nonbelief in God's existence seemed to be simply a choice that the patient had made, one that had not been colored by his paranoid, symbiotic anxieties. However, he expects from God to be passive and openly writes in this context about his desire of independence. It suggests us that the patient is working through separation-individuation issues.

NVivo analysis allowed to distinguish four bottom-up coding categories: the lack of answer, incomplete answers, evasive answers, and self-concentration, (which means writing about himself when the question is about someone or something else), atheism, (which means declared openly disbelief in God), beliefs – content concerning God, (which indicates being a believer) and needs towards God – needs which patient directs towards God. Then two sets of categories were distinguished: dispersion of answers: regarding the way the patient completed the questionnaire and attitude towards God: Both examinations were compered in distinguished sets of categories. See Table 5.

Table 5
Percentage of distinguished categories in both examinations divided into two sets

Category	Percentage in first examination	Percentage in second examination
Lack of answers	3,73%	4,89%
Incomplete responses	20,09%	3,02%
Evasive answers	5,59%	1,61%
Self-concentration	17,83%	9,55%
Atheism	11,57%	18,01%
Beliefs	13,28%	8,65%
Needs towards God	10,99%	12,24%

In order to see the differences that have occurred in the course of psychotherapy see Figure 1 and Figure 2.

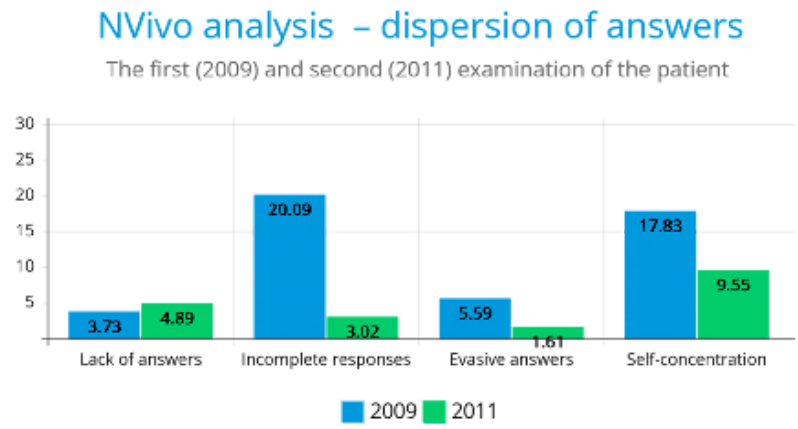

Figure 1
NVivo analysis – dispersion of answers in the first (2009) and second (2011) examination of the patient

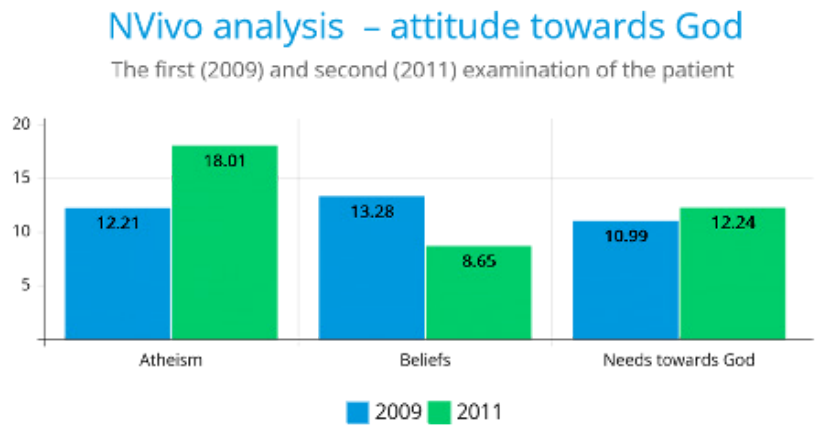

Figure 2
NVivo analysis – attitude towards God in the first (2009) and second (2011) examination of the patient

The percentage of categories related to dispersion of responses, indecisiveness, or avoidance of responses decreased significantly – from 47,24% to 19,07%. See Table 6.

Table 6
Percentage of categories related to dispersion of responses (sum of categories: lack of answers, incomplete responses, evasive answers and self-concentration) and attitude towards God (beliefs and needs towards God categories minus atheism category)

Set of categories	First examination	Second examination
Dispersion of answers	47,24%	19,07%
Attitude towards God (beliefs+needs-atheism)	12,06%	2,88%

Looking at the components of this score (Table 5), one can notice that all the categories in the set decreased, except for the lack of answer rate, the percentage of which increased slightly. Looking at the individual test items, one can notice the patient simply did not complete some of the questions that relate directly to God. When asked about the gaps in the questionnaires, he said the questions simply did not apply to him.

Comparing the content related to declared atheism to the content related to beliefs and needs towards God in both examinations, we can also see that it has changed significantly. It can be counted as percentage of beliefs plus percentage of needs towards God minus percentage of atheism sentences in the questionnaire. In the first study, despite the declared lack of faith, beliefs and needs directed at God clearly prevailed (12,06% beliefs/needs sentences more than atheism sentences). While in the second examination, the same ratio counts only 2,88%. See Figure 3.

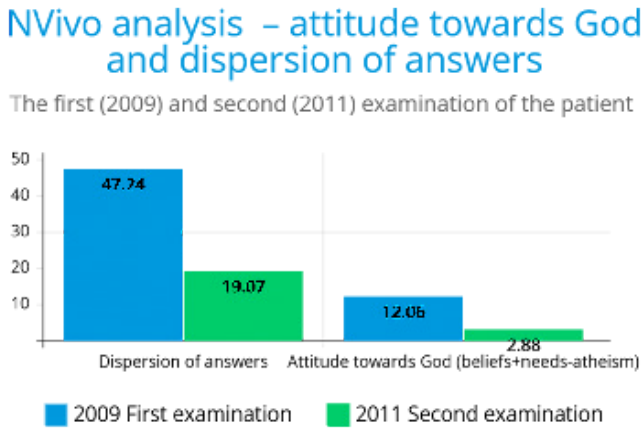

Figure 3
NVivo analysis – attitude towards God and dispersion of answers in the first (2009) and second (2011) examination of the patient

Discussion

Both change in PODF results, and percentage of dispersion of answers in the text indicate that Mr. Z's personality structure consolidated, and his increasing individuality allowed him to see himself as less dependent on others. Many interpretations are possible regarding what happened with the patient's religious (non-religious) life in the course of psychotherapy. Obviously, more than one reading can be correct, as every psychic phenomenon has more than one cause (Friedman, 2017). Once gained in adolescence, Mr. Z's identity as a nonbeliever—regardless of whether we call him an atheist or apostate—seemed to be quite stable (Streib & Klein, 2012). He declared himself an atheist during every stage of psychotherapy and in both assessments with the God/Family Questionnaire. NVivo analysis confirmed that, despite of being a declared atheist, patient experienced a lot of feelings and needs towards God. He referred to beliefs more often than to his non-belief in both examinations. However, this percentage has significantly decreased many times over: from 12,06% to 2,88%. It seems that the internal tensions coloring his religious life have been significantly reduced. However, the patient's (lack of) faith declaration remained stable. These results are consistent with Rizzuto's hypothesis, a conscious declaration of faith and the existence of a God image used to maintain psychological balance were independent of each other (Rizzuto, 1979). This signifies that those categories are separate, and to a certain extent, orthogonal (Rizzuto, 1979). The patient's declared identity in that respect seemed to depend more on religious socialization by his strict father and a conscious choice made in adolescence than on his type of God image. The obtained data were also consistent with Beit-Hallahmi's statement that being an atheist does

not necessarily mean struggling with God (Beit-Hallahmi, 2006). The case of Mr. Z illustrates that in some circumstances, declared atheism can also be a kind of struggle (Silver, 2013). The patient in question had undergone multiple traumas while remaining emotionally alive within his world of internal objects (Abbass, 2016). These traumas included: abandonment by a distant and strict father (who was unable to bring Mr. Z from symbiotic relationship with mother into external reality to allow the patient to develop); sudden removal from the symbiotic relationship with his mother due to her illness; and rape at the hands of an older man. As with any traumatic event, all listed circumstances had to evoke painful affect (Rangell, 1986, p. 79). Therefore, those traumatizing relationships and events render the primitive superego harsh and are likely induced feelings that were so difficult to handle that the patient had to displace them to a cosmic level, even though his identity as a nonbeliever seemed to be quite stable (Have-de Labije & Neborsky, 2012; Rizzuto, 1979). He struggled with God to vent his anger towards a figure that he did not believe existed. Doing so was actually a safe compromise between his need of expressing his negative feelings and his fear of revenge in real-life relations: displaying his anger towards someone that he did not truly believe to exist was a dream-like compromise formation (Freud, 1961, p. 242). It was likely a neurotic mechanism, certainly healthier than his other psychotic experiences in everyday life, but still a symptomatic solution. It suggests the unexpected and provocative reflection that perhaps atheists can have lively internal religious lives when they suffer from feelings too difficult to bear.

Limitations of the study and future research directions

It is unquestionable that the case study does not allow to infer about the general laws governing the human psyche and that the worth of qualitative research they rely on something completely different: in-depth analysis of uniqueness (Creswell, 2009). Using Computer-Assisted Qualitative Data Analysis Software like NVivo, however it is not deprived of traps of hidden subjectivism, give a hope for making research on processes like for example psychotherapy more valid and reliable (Anczyk et al., 2019). In other words, used methodological solution could be fruitful not only in religion studies or psychology of religion, but also in research on changes in the course of psychotherapy perform in different paradigms and techniques.

Growing number of atheists in Poland and around the world is prompting us to research different aspects of their spirituality (Bullard, 2016). Spirituality which become concept only derived from religiosity, but by all means independent. However, remains burdened or also enriched by the Judeo-Christian religious tradition (Rizzuto 1979). The ways of atheism are also the ways of this influence.

References

Abbass, A. (2016). The emergence of psychodynamic psychotherapy for treatment resistant patients: Intensive short-term dynamic psychotherapy. *Psychodynamic Psychiatry*, *44*(2), 245–280. https://doi.org/10.1521/PDPS.2016.44.2.245

Abbass, A., & D'Arcy, B. (2007). Bringing Character Changes with Davanloo's Intensive Short-term Dynamic Psychotherapy. *AD HOC Bulletin of Short-term Dynamic Psychotherapy, 11*(2), 26–40.

Anczyk, A., Grzymała-Moszczyńska, H., Krzysztof-Świderska, A., & Prusak, J. (2019). The Replication Crisis and Qualitative Research in the Psychology of Religion. I*nternational Journal for the Psychology of Religion*, *29*(4), 278–291. https://doi.org/10.1080/10508619.2019.1687197

Beeber, A. R. (1999). The Perpetrator of the Unconscious in Davanloo's New Metapsychology. Part II: Comparison of the Prepetrator to Clasic Psychoanalytic Concepts. *International Journal of Intensive Short-Term Dynamic Psychotherapy, 13*, 159–176. https://www.istdp.ch/sites/default/files/downloadfiles/Beeber_PerpetratorPart2.pdf

Beit-Hallahmi, B. (2006). *Atheists: A psychological profile. The Cambridge Companion to Atheism*, 300–318. https://doi.org/10.1017/CCOL0521842700.019

Bullard, G. (2016). *The World's Newest Major Religion: No Religion. National Geographic News*. https://www.nationalgeographic.com/culture/article/160422-atheism-agnostic-secular-nones-rising-religion

Cheston, S. E., Piedmont, R. L., Eanes, B., & Lavin, L. P. (2003). Changes in Clients' Images of God Over the Course of Outpatient Therapy. *Counseling and Values*, *47*(2), 96–108. https://doi.org/10.1002/J.2161-007X.2003.TB00227.X

Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. (Third). SAGE Publications.

Diguer, L., Hébert, É., Gamache, D., Laverdière, O., Daoust, J.-P., & Pelletier, S. (n.d.). P*ODF Scoring manual / 1 PERSONALITY ORGANIZATION DIAGNOSTIC FORM (PODF) MANUAL FOR SCORING 2006 edition* PODF Scoring manual / 2. https://core.ac.uk/download/pdf/199238854.pdf

Freud, S. (1961). Two encyclopaedia articles: Psychoanalysis and the libido theory. In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX (1923-1925): The Ego and the Id and Other Works* (pp. 233–259). The Hogarth Press and the Institute of Psychoanalysis.

Friedman, L. (2017). Respecting the Unity of Mind: Waelder's 1936 Multiple Function Paper. *The Psychoanalytic Quarterly*, *76*(1), 119–148. https://doi.org/10.1002/J.2167-4086.2007.TB00249.X

Have-de Labije, J. ten., & Neborsky, R. J. (2012). *Mastering intensive short-term dynamic psychotherapy: A roadmap to the unconscious*. Karnac Books.

Hébert, É., Diguer, L., Descôteaux, J., Daoust, J. P., Rousseau, J. P., Normandin, L., & Scullion, M. (2003). The personality organization diagnostic form (podf): A preliminary report on its validity and interrater reliability. *Psychotherapy Research*, *13*(2), 243–254. https://doi.org/10.1080/713869643

Jacobi, J. (1968). Symbols in an individual analysis. In C. G. Jung & M.-L. von Franz (Eds.), *Man and his symbols* (pp. 323–375). Dell Publishing Co.

Jong, J. (2015). On (not) defining (non)religion. *Science, Religion and Culture*, *2*(3), 15–24. https://doi.org/10.17582/journal.src/2015/2.3.15.24

Key, T. L. (1995). Impact of Inpatient Psychiatric Treatment On Object Relations Maturity, Self-Esteem And God Image.Unpublished doctoral thesis.

Marszalek, J. M., Barber, C., Kohlhart, J., & Cooper, B. H. (2011). Sample Size in Psychological Research over the Past 30 Years. *Perceptual and Motor Skills*, *12*(2), 331–348. https://doi.org/10.2466/03.11.PMS.112.2.331-348

Rangell, L. (1986). The metapsychology of psychic trauma. In A. Rothstein (Ed.), *The Reconstruction of Trauma: Its significance in Clinical Work* (pp. 51–84). Madison, Conn.

Rizzuto, A.-M. (1979). *The birth of the living God: a psychoanalytic study.* University of Chicago Press. https://www.google.com/search?client=firefox-b-d&q=Rizzuto%2C+A.-M.+%281979%29%2C+The+birth+of+the+living+God%3A+a+psychoanalytic+study%2C+Chicago%2CUniversity+of+Chicago+Press.

Scobie, G. E. W. (1973). Types of religious conversion. *Journal of Behavioral Science*, *1*, 265–271.

Silver, C. F. (2013). *Atheism, Agnosticism, and Nonbelief: A Qualitative and Quantitative Study of Type and Narrative*. Unpublished Dissertation, 1–30. https://www.cambridge.org/core/product/identifier/CBO9781107415324A009/type/book_part

Streib, H., & Klein, C. (2012). Atheists, agnostics, and apostates. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research* (pp. 713–728). American Psychological Association. https://doi.org/10.1037/14045-040

Strength, J. M. (1998). Expanding Davanloo's interpretive triangles to explicate the client's introjected image of God. *Journal of Psychology and Theology*, *26*(2), 179–187. https://doi.org/10.1177/009164719802600204

Stulp, H. P., Koelen, J., Glas, G. G., de Heus, P., & Eurelings-Bontekoe, L. (2021). Changes in implicit God representations after psychotherapy for patients diagnosed with a personality disorder. Associations with changes in explicit God representations, distress and object-relational functioning. *Journal of Spirituality in Mental Health*, *24*(2), 1–29. https://doi.org/10.1080/19349637.2020.1858733

Tisdale, T. C., Key, T. L., Edwards, K. J., Brokaw, B. F., Kemperman, S. R., Cloud, H., Townsend, J., & Okamoto, T. (2018). Impact of Treatment on God Image and Personal Adjustment, and Correlations of God Image to Personal Adjustment and Object Relations Development. *Journal of Psychology and Theology*, *25*(2), 227–239. https://doi.org/10.1177/009164719702500207

Zamawe, F. C. (2015). The Implication of Using NVivo Software in Qualitative Data Analysis: Evidence-Based Reflections. *Malawi Medical Journal*, *27*(1), 13. /pmc/articles/PMC4478399/