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DISTINGUISHING BETWEEN THE CONSCIENCE AND THE SUPEREGO OF RELIGIOUS PEOPLE IN THE CONTEXT OF TREATMENT OF ECCLESIOGENIC NEUROSIS

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Summary: This article presents the clinical work with an ecclesiogenic neurosis and the difficulties encountered by the therapists working with very religious patients. In contrast to the few existing studies of this topic, the Author emphasizes the necessity to take into account the difference between the conscience and the superego, if the therapy is to be effective. The article focuses on the presentation of the theoretical assumptions for distinguishing between conscience and superego, not only from an interdisciplinary perspective (theology, philosophy and psychology), but also within the contemporary psychoanalysis. Clinical cases described in this article demonstrate effective and ineffective strategies of work with an ecclesiogenic neurosis in case of conflict between sexuological and theological norms. The article presents the phenomenological criteria allowing to distinguish between the conscience and the superego in a context of clinical work.

The effective work with an ecclesiogenic neurosis is to be based not only on a distinction between the inner conflict and the system of defense against it and the structure of the image of God, but also on an understanding of the conflict between the conscience and the superego, and apply a more differentiated approach to the sense of guilt.

The religious patient

Studies show that religion cannot be understood as a uniform personality trait but a complex variable, which is so heterogenous as the human behavior itself [1]. This should be kept in mind, when considering the impact of religiosity on mental health, since people can have not only unique personality traits, but also more or less mature religiosity. Although there are subtle differences between the moral behavior of believers and non-believers, these issues are interpreted in various ways. Although it seems that believers are not characterized by any exceptional qualities such as honesty or the willingness to help, there are two areas of life in which religious people behave according to social expectations: sex and drugs. Nevertheless, we have to perceive this in terms of curvilinear relations. Thus, religious thinking, experiencing and behavior of believers depend on the degree to which they are aware of

responsibility and on whether this awareness has a tendency to fear or is emotionally balanced. Some studies have revealed that the groups which have most traits in common are those which are extremely different: non-believers and very religious people. Both those groups can be distinguished from the large mass of those „believing less": especially in terms of tolerance towards and prejudice against those thinking differently [2]. Thus, the patient referred to as religious will be the one who assesses the world from the perspective of his/her faith based on three fundamental values: a) the authority granted to religious leaders, b) the Bible or another holy book, c) the identification with his/her own religious group. The more value he/she will attribute to those things, the more religious he/she will be. Such people are often described as „heavily involved in religion", „fervently believing" or „deeply religious."[3] Among the characteristic topics which are discussed by such patients/clients there are such moral issues as: a sense of the influence (the agency), guilt and a neurotic sense of guilt, emotions and moral responsibility, freedom and responsibility, free will, the voice of conscience, religious values [4].

In the case of this group of patients, the psychotherapists encounter various difficulties, which directly or indirectly influence their therapeutic decisions. Studies show that very religious persons perceive the world differently than non-religious individuals, have different cognitive schemes and, as a result, have a different perception of the psychotherapy. Some religious groups (communities) may be characterized by higher rates of emotional problems, but they can be unwilling to seek help because of their religious beliefs concerning healing and pain, as well as lack of confidence towards psychology [5]. Very religious people, especially women, prefer therapists who share their system of values, and they expect them to intervene spiritually during the psychotherapy. They may avoid psychological help if they feel that during the psychotherapy their values and religious beliefs are put into question or even discredited [6].

The research into the relationship between religious persons' expectations and their therapists' attitudes (the assumption that they should determine their position with respect to religion/spirituality before starting the therapy) have established that such patients' opinion of the therapy depends more on their therapists' acceptance of their values than their beliefs [7]. Opinions are divided, however, when it comes to assessing how crucial for such patients it is to know the religious identity of their therapists. Some studies show that this does not affect the outcome of the psychotherapy, although this situation may not apply to people with high levels of internally motivated religiousness or when the final results of the therapy are measured on the basis of patients'/clients' values. Irrespective of the type of personality, highly religious patients/clients prefer therapists with value systems similar to their own and they change the scope of their openness depending on what they know about their therapists' religiousness [4, 8].

It turns out, however, that the biggest challenge for the therapists are neurotic patients of the religious type in the areas such as sexuality, sinful thoughts and approach to the suffering [9, 10], that is in the context of the religious and neurotic conflict known as ecclesiogenic neurosis. They do not see any problems either in the symptoms of the neurosis or in the shape of their religiousness. They mistrust the therapist, deprecate his/her authority and treat the therapy as „the betrayal of God." This distrust usually persists for a long time, making it difficult to establish a therapeutic alliance, and is an important factor leading to discontinuation of the therapy [10].

Ecclesiogenic neurosis

The term „ecclesiogenic neurosis" (from the Greek „Ecclesiae" — Church and „gignomai" — to be produced) was formulated by the Berlin gynecologist, Eberhard Schaetzing ,in the 1950's. He referred it to disorders of sexual nature which, according to him, were caused by the dogmatism of the Church [11]. Many authors dealing with this issue believe that the ecclesiogenic neurosis can take many forms and in its symptoms is not limited to the sexual sphere. It is a relatively common phenomenon (constituting up to 10 % of all neuroses) and when it takes milder forms, it can stay hidden until the occurrence of a trigger factor. The thing which distinguishes it from other neuroses is the religious conflict which is also a neurotic conflict. It is caused by two factors. The first one is the unconscious use of religion by the individual psyche as a neurotic defense mechanism. The second one is the validation and strengthening of the neurotic, immature religiousness by a religious institution (the Church) or wrong religious upbringing or both [10–12].

Within this conflict researchers distinguish seven problematic relationships between internal ideals, needs and impulses on the one hand and the external reality of personal life, relations with other people and society on the other hand. These are: a) general neurotic conflictuality, b) conflicts between family loyalty and subjectively experienced psychological traumas or disorders, c) conflicts between (religious) ideals and the reality, d) generally increased fearfulness, also in religious matters, e) guilt as part of the human condition, f) dependence on God and personal responsibility, g) the human/ecclesial law and the moral teaching versus personal freedom of a Christian. In this conflict the individual religiosity is often an expression of a neurotic process which is hidden more deeply. Among the factors influencing the development of this conflict there are those to which researchers attribute most importance: predisposition to neurosis and improper religious upbringing [10, 11]. Speaking of improper religious upbringing, the authors involved in the analysis of such patients' psychotherapeutic material distinguish three factors: a) a certain fixed pattern of introduction to religion, b) overlapping of upbringing and religious education, c) treating sexuality as a suspicious and „unholy" sphere. This leads to the development of a distinctive type of religiosity characterized by anxiety, a threatening image of God and a wealth of religious points of reference [10–12].

The eternal „you have to"

Analyzing the dysfunctional patterns of religious socialization in patients with ecclesiogenic neurosis, Andrzej Molenda wrote: **„**As related by patients, the religious education puts emphasis on the law of God «that God gave to Moses in the form of the ten commandments which He ordered man to follow». The law of God is also represented by the five commandments of the Church. Transgression of God's law is a mortal sin, which is fatal. If someone dies in the state of mortal sin, he or she will be punished with eternal damnation. In contrast, if he observes God's law, man will be rewarded with eternal life**"** [10, p.194]

Based on research [13], we know that children differ in terms of speed of development as well as intensity and content of their moral motivation. It can be said that in the case of ecclesiogenic neurosis: individual religiosity was reduced to commandments, inhibitions and orders, which are connected with punishments and rewards. The One who will reward or punish will be God. At the early stage of

religious education children learn about the possibility of divine punishment, which usually forms in them the image of punishing God and results in fear of God's punishment. In this way, the fear of God's punishment and the fear of God become the main sources of motivation in the individual religiosity of many people [10, p. 194].

Such socialization is often accompanied by the use of religion in a child's upbringing, which results not only in the blurring of boundaries between parents' requirements and God's requirements (the former are experienced by a child as God's requirements), but also in a similar kind of blurring in an adult's mind concerning the requirements of the Church and the requirements of God, where the obedience to Church is synonymous with obedience to God [10]. Such a type of education represents God as the One who threatens people not only with eternal punishment, but also with His requirements. As pointed out by Molenda: **„**The fear of God's requirements is one of the components of the fear of God. Many people think about themselves and their future in terms of the implementation of God's requirements. In their lives they are guided by the image of God's requirements, which often leads to the omission, suppression or the loss of their desires. Implementation of God's requirements is often a way of propitiation of God, a way of convincing Him «to bless them in their lives»" [10, p. 196].

The eternal „you have to" [14] which characterizes the lives of people with ecclesiogenic neurosis is sanctioned by the religious ideal of striving for holiness. They see nothing improper in such an attitude, because they are convinced that this is normal in religion and that such a life is required by God and the Church [10]. Thus, this „sanctifying of oneself" often takes the form of religious masochism since such persons feel they are called upon to repent for the evil they have done and are doing and consider themselves responsible for „the evil of the world".

However, these accurate reconstructions of patterns of improper religious education and neurotic religiosity (image of God) in patients with ecclesiogenic neurosis lack reference to analysis of impaired readiness for moral self-control, which is achieved by distinguishing the conscience from the superego. In the case of moral decisions we are dealing with two types of controllers of moral behavior: the external (public opinion) and the internal one (conscience or superego). Taking into account religious beliefs of patients with ecclesiogenic neurosis and their appeal to „the voice of conscience", it should be remembered that „the theological conscience" does not coincide with „the psychological conscience" [15] and the latter is not synonymous with the superego. Philosophers and theologians differentiate the theological conscience from the superego, but most often their analysis comes down to demonstrating the difference between the Thomistic and the Freudian concept of conscience [15]. Psychologists, on the other hand, either do not use the term „conscience" while talking about psychodynamic theories or limit themselves to Freud, Jung, Adler and Fromm without paying attention to subsequent revisions of the psychoanalytic approach to the conscience and superego [16]. Although the shift towards such differentiation is visible, it does not mean that among psychoanalysts there is unanimity as to whether conscience should be positioned in the cognitive processes of the ego, identified with the ideal self, regarded as the fourth mental instance, or the function of the self and the manifestation of the dynamic structure of personality [17–22].

From a clinical point of view, the distinction between conscience and superego, despite these theoretical ambiguities, remains valid, as it makes it possible on the one hand to overcome the still

existing and common identification of conscience with a kind of special, mysterious ability in man. On the other hand, it shows that the conscience in not only an „exacting" instance which overlaps with the superego — a warden and a judge, in whom there is often the need to punish – but also an instance of positive reinforcement. There is not only a conflict between the id, ego and superego, but also a conflict between the conscience and superego [23], and this entails a more nuanced approach to the religiously motivated sense of guilt, which often surprises therapists and inspires in them a sense of helplessness. This is because therapists usually treat „the sense of guilt" and „conscience" as negative concepts, as they place conscience in the category of emotions and regard the sense of guilt as a feeling associated with real or imagined violation of the moral order. Believers, however, consider the sense of guilt and conscience to be rather positive, dynamic factors which guide man towards the good.

Thus, our mistaking the superego for conscience leads to the confusion as to what binds us, of what we have to give account and whose freedom we have to respect as morally responsible people, and it is one of the central tensions in the neurotic-religious conflict. Concluding his clinical study of the Book of Job seen from the perspective of the liberation from superego (the ideal I), Ronald Britton wrote: **„**in this part of our personality which we identify as independent from others we have to find a place from which we can observe ourselves, while remaining ourselves. We can neither avoid having conscience nor remove the ideal I, but we have to put them in the right place" [24, p. 156].

However, in order to find this third position of self-observation it is necessary to go beyond the limitations of the structural model of the psyche, and therefore to rethink the role of the superego, conscience and guilt in clinical practice.

Limitations of the Freudian model of the superego

From the very beginning, the psychodynamic theory formulated by Freud aroused controversy, which resulted from ambiguities, inconsistencies and erroneous assumptions contained in the writings of the father of psychoanalysis [25]. They concerned the nature, development and function of the superego, and partly came from the fact that before he formulated his structural hypothesis, Freud had started to use the term of „the ideal I" both as a) an internalized ideal/standard for self and b) an agency which monitors the ego in relation to this ideal image, and then he interchangeably used „the ideal I" and the superego. Freud's critics emphasized in particular such issues as: the genesis of the superego severity, duration and stages of its formation, its contents, links with gender and its function in a person's mental system [18, 25]. The issue which is of high importance for the topic discussed in this article is the inadequate depiction of conscience by Freud. In his early writings he identified the superego directly with the conscience („On narcissism"), whereas in the later ones he gave it a broader meaning and range of impact („Civilization and its discontents"). He inconsistently used the so-called introjections (internalized directives, commands and prohibitions) and ideals (goals, values) in the structure of the superego.

The inclusion of conscience and „the ideal I" in the structure of the superego prevented Freud and most of his followers from perceiving the conflict between the superego and conscience. Psychoanalysts saw this conflict through the prism of intrasystemic tensions in the superego structure or as a conflict a) between internalized and discordant value-orientations or b) between internalized values and

incompatible, often antisocial impulses of the sexual or aggressive nature having their source in the Id [23].

As he was thinking about the conflict between the superego and the id, Donald L. Carveth [23] remarked that psychoanalysts regarded the id as the main source of antisocial behaviour (incest and aggression) and the superego as the source of pro-social attitudes. Thus, they were denying the existence of both anti-social superego and prosocial id. In other words, the inner moral conflict can manifest itself in the tension between internalized but inconsistent values or between these values and the antisocial impulses of the id. This does not, however, represent the full scope of the problem. The internal moral conflict can also result from the tension between the antisocial superego and prosocial impulses of the id coming from the libidinal attachment based on love and care. Since Freud did not distinguish between the persecutory guilt and the depressive (reparative) guilt, he was not able to see that the persecutory guilt (the superego) is a defense mechanism used against the depressive guilt (the conscience).

The psychological conscience

For the purpose of effective work with a religious patient suffering from the ecclesiogenic neurosis it is not necessary for the therapist to accept all the theological assumptions related to the conscience[1]. Potentially convergent features shared by the theological and psychological conscience such as: the ability to distinguish the good from the evil (the cognitive aspect), the willingness to do the good and abandon the evil (the behavioral aspect), reactions of guilt/remorse in a situation where a moral norm is transgressed (the emotional aspect), reactions of approval in a situation of compliance with moral norms (the emotional aspect), the ability to develop (sensitivity of the conscience), judgement of a moral act through reason [15], provide a sufficient basis for distinguishing the moral guilt from the neurotic one and the conscience from the superego. In this perspective, the moral conscience can fulfill the function of a regulator of moral behavior understood as the ability to guide oneself (regulate oneself) towards ethical standards of duty on the basis of self-observation, self-assessment and self-reinforcement [13]. A person observes his/her behavior (anticipated, currently undertaken or already performed acts) and evaluates this behavior and himself/herself according to the standards of duty, which he/she considers to be binding for himself/herself. When his/her acts are compliant with those standards, they are reinforced, and when they are non-compliant, changes are made.

The conscience is therefore an element of the mental structure of the human being, it constitutes a part of personality as well as a complex, self-regulatory structure comprising mental self-regulation. It is rooted, as remarked by Carveth, in affection and love, and is situated beyond both the pleasure principle and reality, as well as beyond narcissism, in which, as observed by Freud himself, the other whom we „love" is really nothing more than the self that we are, that we were and that we want to be [23, p. 9]. The reason for this is that only the existence of a conscience able to assess the society and the superego which reflects it in an internalized way makes it possible to achieve moral maturity, that is the ability to follow social rules and norms not because of fear of authority or the desire to satisfy it, but because of

[1]The assumption that the conscience has innate, divine origins, that it has the natural ability to distinguish between the good and the evil, that it can be related to objective moral norms and God's law and is the place where man and God can meet.

the common good [26] or objective values [15]. However, such a conscience must be seen as the fourth element in the structural theory of mind and not only as a modification of the superego („the loving and loved superego") or a cognitive competence of the mature ego - „where there was the superego, let the ego come"[23]. The conscience cannot be included in the superego, because any of its modifications towards maturity will not change the fact that the superego is an inherently bad and persecutory internal object. As written by Carveth: „Without conscience we lack any foundation for the assessment of one superego as superior to another. The rejection of the idea of conscience as separate from the superego and focusing instead on achieving the maturity of the superego is contradictory in itself, because we can distinguish an immature superego from a mature superego only by the standards of conscience" [23, p. 14].

The criteria for differentiating the superego from the conscience

The easiest way of distinguishing the superego from the conscience is showing the patient the difference between „you should" or „you must/you mustn't" and „I want to/I desire" as imperatives of his/her behavior. „You should/you must/you mustn't" are someone else's commands, whereas desires belong to ourselves. In clinical work with a religious patient it can be helpful to be aware of the following tips [27, p. 38]:

The moral guilt (conscience) is associated with taking responsibility for one's actions, humility in assessing oneself, but not self-humiliation. It motivates people to compensate for the wrongs they have done, helps them to change bad behavior and is aimed at others: it encourages people to build relationships and to resolve or minimize conflicts in a realistic manner. It is an accomplice of empathy and supports insight („what can I learn from my mistakes?"). On the other hand, the neurotic guilt lives in the past, leads to a depreciating perception of oneself, exaggerates one's responsibility for the evil in the world („the worst sinner"), maintains negativism and focus on oneself (rumination). It cooperates with defense mechanisms in a non-adaptive way and holds a person in the attitude of a victim. In this way one can reach a false „peace of mind", but as long as one does not call the false sense of guilt by its true name, one will perpetuate the fears that it caused [27]. As noted by the American psychoanalyst, Mark Baker: „guilt resulting from love (care) heals wounds, whereas guilt resulting from fear only masks them" [28, p. 90]. In ecclesiogenic neurosis the cognitive patterns which are the source of excessive guilt often fall into the phenomenological category of overestimated ideas. Stuck between irrational ideas and illusions, they take on the characteristics of both of them, and in individual cases they get closer to one end of this spectrum.

The superego	The conscience
1. Motivation: it **orders** to do certain things in order to get approval or out of fear of losing someone's love. Generally speaking, it is connected with the fear of losing the favor of someone in authority.	1. **It answers the question**: „what is right?" It encourages a person to act in relation to certain values.
2. **Introversion**: the superego draws us towards ourselves – an attitude focused on one's own sense of virtuousness	2. **Extraversion**: the conscience is open, it takes into account other people and values.
3. **Sometimes it can be static**, because it repeats an earlier injunction; it closes us in the world of stereotypical behavior and emotional reactions, which are resistant to any critical reflection. It is unable to creatively function in new circumstances; it only replicates commands	3. **It is dynamic**: it takes risk in response to an unpredicted course of events, guiding itself by the hierarchy of values.
4. Focused mainly on t**he authority**; the virtuous things are only those which were commanded; blind obedience	4. Focused mainly on **values**: they are superior regardless of whether or not they are recognized by the authority.
5. It draws attention to **acts committed individually.**	5. It draws attention to **the context and conditions**; it is the person's whole attitude which is important.
6. Focused on **the past**; it strives to „clean our files"	6. Focused on **the future**: „What kind of person do I want to become?"
7. It calls for **punishment** in order to expiate the committed offences. The degree of severity of the punishment allows for a corresponding degree of compensation (neurotic guilt)	7. Atonement is **a new chance**: concern for a better future is a way to learn from mistakes (repentance).

The guilt which is caused by religious beliefs usually functions as an overestimated idea and is considered in terms of sin by the superego.

A case study

In order to illustrate the difference between the conscience and the superego, Glaser [27] gives the example of a man who came to seek help in a psychological clinic. He was married and was a father of several children. He was satisfied with his marriage and family, but was struggling with the guilt resulting from the inability to free himself from masturbation for the past fifteen years. Throughout this period, as he had been taught since childhood, he went to confession every week in order to „purify" himself and to be able to receive the Holy Communion. The therapist encouraged him to stop thinking about his „downfalls" in terms of a mortal sin, to receive the Communion every Sunday and to go to confession every six weeks. After several months this fifteen-year-old „addiction" disappeared.

Some therapists may consider such an approach to be too prescriptive and encroaching upon the domain of the clergy. They may prefer intervention based on the comment: „we have been created as biological, bodily beings; we have our hormones, needs and tensions" [9], because, as shown in clinical practice, such intervention caused patients to experience a lack of criticism or reprobation, and even a lack of expected disgust or rejection on the part of the therapist, which helped them to free themselves from guilt [9]. Others may refer to the teaching of the Church, which differentiates between less sinful masturbation resulting from mental compulsions and the more sinful one resulting from the biological

drive[2]. Elsewhere [29] I wrote about these criteria, trying to show that both the adoption of the deontological norm which always treats masturbation as an intrinsically and seriously disordered act and the adoption of the sexual norm which sees masturbation as one of the manifestations of healthy sexual behavior, or even love, lose its structural ambiguity, which is too often not recognized by either advocates or severe critics of this form of autoeroticism. Whichever strategy is adopted, it will be effective only if it refers to the distinction between the conscience and the superego. A person with ecclesiogenic neurosis may suspect that putting too much emphasis on this fault does not make sense, but it often sustains faith in truly important values. As a result, he/she finds it difficult to rebuild their convictions, especially if he/she believes that it is salvation which is at stake here.

This man has been struggling for fifteen years with the dictatorship of his superego „under the guise" of remorse. The superego may indeed make us blind to real values. Refusing to treat the superego as conscience, his therapist allowed him to perceive the values by which he was living and showed him the opportunity for growth (development) beyond his hitherto prevailing degree of sexual integration without religious masochism. It caused him to move from sense of guilt to consciousness of sin without slipping into scrupulousness (neurotic guilt), which also contributed to the verification of the immature image of God.

The issues that turn out to be important in the clinical context (psychotherapy and counselling) are not only those concerning the challenges and stresses that man is grappling with but also questions as to whether man asks himself: „What should I do? What is good (right) for me as a person? What is good (right) for my relationships and obligations?. As was highlighted by the American psychiatrist and psychotherapist, James Griffith: „helping man to realize the value of his individual experience is not just a step towards mental health or emotional maturity, but also an ethical choice"[30, p. 213]. Experience shows that while working with religious persons, therapists may find it difficult to accept morally limited behavior.

A seminarian seeks help at a university clinic. The distinct behavioral symptom that he wants to discuss is, as he describes it, excessive masturbation. A trainee consultant assesses the problem. It turns out that the client would be satisfied if he masturbated „once or twice a month", but he feels forced by a mental order to do it four or five times a week. The trainee discusses this problem during the supervisory group meeting. Group members, in consultation with the clinical supervisor, come to the conclusion that in this case masturbation is merely a sign of hidden mental problems. The trainee proposes to the client that they will work on „deeper" issues and that for ethical reasons the reduction in frequency of masturbation cannot be the main therapeutic target. As the client insists on limiting this behavior, the consultant refers him to a behavioral therapist, who agrees to treat this issue as the basic one [31, p. 125].

This case shows that when dealing with ecclesiogenic neurosis, the lack of distinction between the conflict and its defense system (the distinction which indicates separate interpretation of the superego

[2]"In order to give a balanced judgement about the moral responsibility of those who commit masturbation and then be guided by this judgement in the pastoral ministry, one needs to take into account emotional immaturity, acquired habits, anxiety, as well as other psychological and social factors which reduce or even completely remove moral guilt" (Catechism of the Catholic Church, no.1994)

and the conscience) leads to ideological countertransference, which does not allow the patient/client to get a better understanding of their own religiousness or personal functioning. Even if we take into account the fact that because of specific personality traits very religious patients with ecclesiogenic neurosis usually respond poorly to psychotherapy, during which the therapist uses techniques of inspection, it should be remembered that such people are also often unresponsive to behavioral strategies, as they lead to conflicts with traditional values and worldview. The effectiveness of this hypothetical behavioral therapist also depends on his consideration for differences between the superego and the conscience and not only on the agreement to lessen the frequency of symptoms.

Recapitulation

Mature religiosity is connected with religious motivation, the image of God, the ability to distinguish elements which are essential in religion from those accidentally associated with it, the ability to resolve crises and authenticity of religious beliefs [32]. The psychoanalytic tradition has always emphasized that the differences between neurotic and healthy personality are a matter of degree, not of a kind. In a „normal" person there two moral worlds which operate simultaneously: the morality of a child and the morality of an adult [18, 25]. The superego may sometimes represent cultural values which are consistent with the conscience; in this case a person is motivated to act prosocially by the superego and conscience, but even then the superego – as an aggression directed against the self and at the same time a „group" of internalized norms – will be more prone to denouncing and punishing, while the conscience will call for a change and reparation [23]. As was aptly noted by Glaser [27, p. 44]: „we can pay the rent to the superego, but the house will never become our property." This is because the conflict between the superego and the conscience is not another kind of split or a product of neurotic compromise, but a „component" of human nature.

The fact of paying attention to the different functions and symptoms of the activity of internal moral regulators (the superego and conscience) makes it possible, when working with a patient/client, not only the religious one, to formulate and arrive at the right decision, that is a decision which: Is consistent with values, commitments and human relations; does not cause feelings of guilt; will not cause regrets later. It requires something more than the permission to do „what I have to do", although commitments towards others can also have great significance. The decision may be right even in an unfavorable situation or when there are unfavorable available options [30, p. 144].

Because of the distinction between the conscience and the superego it can be assumed that apart from moral and neurotic guilt there is also suffering caused not only by disorders (e.g. brain disease, conflicts between the id, ego and superego or dysfunctional family), but also by actions motivated by genuinely professed values or commitments, and this is not simple wallowing in despair (neurosis).

The distinction between the superego and conscience allows also for a better understanding of the roots of human evil by situating the tendency to commit evil not only or first of all in the id, but also in the superego and ego. As a result, we have a more accurate view of morality and see it as a process (phenomenon) which is not automatically repressive towards an individual. Without regarding the conscience as an instance which is different from the superego, the classic psychoanalytic theory is doomed to perceive morality as being antagonistic to life and love, as a force causing disease and death

– neurosis and psychosis, genocide and suicide. In this perspective, morality becomes a necessary but immature form of affective and cognitive development, is dominated by shame and guilt. Fixation on the moral aspect represents the inhibition of development or immaturity, and the regression to this immaturity represents psychopathology [33].

Sociological studies show that in the moral consciousness of the Polish society there is a clear tendency to assign the role of the highest moral instance to the conscience, but for many respondents the conscience is a façade concept [34]. This tendency can also be seen among religious patients. That is why it is so important to take into account the differences between the superego and the conscience. Without that therapists may misunderstand the categories religious clients/patients use to distinguish between different dimensions of guilt. In the context of the treatment of ecclesiogenic neuroses, the appropriate understanding of those two internal moral regulators also allows the therapists to deal with the issues connected with countertransference, which can result not only from the cultural „religious gap" separating therapists from their patients but also from differences in personality. Those differences may cause therapists to see very religious patients/clients as narrow-minded obscurantists and also the patients to perceive their therapists as ethical relativists.

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