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Self-Punishment as Guilt Evasion: The Case of Harry Guntrip ^[1]

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Abstract

A major contributor to the de-moralizing trend in post-Freudian and post-Kleinian psychoanalysis is Harry Guntrip. The guilt evasion that characterizes certain trends within contemporary psychoanalytic thought and the contemporary culture to which they have adapted mirrors that of Guntrip himself. Despite his background as a Christian minister and his years of analysis with two of the most creative analysts in the field, Guntrip managed by the end (in my hypothesis) only a paranoid understanding of himself as a victim of a murderous mother, rather than a man crippled by a need to punish himself for his disowned murderous wishes toward a brother who died and toward the mother he hated and blamed. In focusing upon the roots of the “schizoid problem” or the “disordered self” in defective early object-relations, Guntrip obscured entirely the role of guilt and the need for punishment in these conditions and promoted a cure based on reparative reparenting rather than analysis and resolution of inner conflict.

It is now over three decades since Menninger (1973) asked *Whatever Became of Sin?* In so doing he drew attention to a de-moralizing trend in psychiatry and psychoanalysis mirroring that of the wider culture. Increasingly, it seems, we have come to reject Cassius’s conviction that “the fault ... lies not in our stars, but in ourselves” (*Julius Caesar*, I, ii) in favor of that proto-narcissist Lear’s protestation that we are “more sinned against than sinning” (*King Lear*, III, ii). Such de-moralization, such guilt evasion, is only to be expected in what Lasch (1979) called our “culture of narcissism.” A preoccupation with our grandiosity or inferiority, or both, is characteristic of the paranoid-schizoid position (Klein, 1946) where splitting (idealization/devaluation) reigns. But self-obsession, of either form, precludes genuine concern for the other. While viewing the self as all-good obviously prevents any admission of wrongdoing, a sweeping judgment of the self as all-bad entails an obvious distortion that removes any realistic focus upon the *particular* sins of which we may be guilty.

It is doubtful that it was any easier to bear guilt back in the days when the Judeo-Christian doctrine of the fall of man, of our intrinsic moral imperfection, was widely accepted.^[2] I expect it has always been difficult to consciously bear guilt and not evade it by attacking either the other or the self. In the former case, guilt is displaced or projected onto the scapegoat. In the latter, since our narcissism renders conscious moral suffering intolerable, the superego exacts its pound of flesh through unconsciously constructed forms of self-torment.

Prior to the 1960s, psychoanalysts viewed superego analysis as central to the analytic process, for it was widely agreed that the dynamics of guilt and self-punishment play a crucial role in both psychopathology and cure. Some analysts never lost sight of such fundamental Freudian and Kleinian insights, implicitly agreeing with Rangell’s (1974, 1976, 1980, 1997) view that, in addition to the ego-id conflicts resulting in neurosis, there are the ubiquitous ego-superego conflicts that frequently result in what amounts to the sociopathy of everyday life and in what he calls the “syndrome of the compromise of integrity.” But I think it is fair to say that many of the newer psychoanalytic theories that came to prominence in the 1970s and 80s (those types of object-relational theory that draw on that part of Winnicott’s multi-faceted thinking that stresses “ego-relatedness” and the self psychology that is so congruent with this) tended to downplay intrapsychic conflict among superego, ego and id in favor of an emphasis upon trauma, deprivation, abuse and

neglect by caretakers—i.e., the ways in which we are more injured than injurious.

By the late 1950s Sandler (1960) had already noticed that in the indexing of cases at the Hampstead clinic there was a “tendency to veer away from the conceptualization of material in superego terms” and was wondering why “therapists have preferred to sort their clinical material in terms of object relationships, ego activities, and the transference, rather than in terms of the participation of the superego” (p. 129). Two decades later, Arlow (1982) observed that “superego function has been shunted to one side by the current preoccupation with the persistence of the regressive reactivation of archaic idealizations” (p. 230) and that “the concept superego itself rarely appears as the central topic of a clinical or theoretical contribution” (p. 229). Wurmser (1988) referred to the superego as the “sleeping giant” of contemporary psychoanalysis.

One of the ways trauma, abuse and deprivation are damaging is that they cause the victim to become a hateful and sadistic agent, toward himself and others. Such hate, envy and destructiveness, however understandable in terms of the conditions that elicit them, lead either to guilt, or if guilt is unbearable, to an unconscious need for punishment that takes the form of self-sabotaging and self-tormenting behaviors of all types. Psychoanalysis can do nothing about past trauma and deprivation, but it can help analysands understand how their responses to them have been destructive, and can help them find better ways of living. But the Freudian and Kleinian approaches that focused on such interior conflict, on issues of “crime and punishment,” have in some quarters been marginalized over the past thirty years or so. As Horowitz (2004) has recently reminded us: “... all patients (and each of us) have had private theories of pathogenesis of neurosis and for the most part these theories have been about trauma at the hands of parents. It is still difficult to demonstrate to patients or students the role of conflict in neurosogenesis” (p. 2).

A major contributor to the de-moralizing trend in post-Freudian and post-Kleinian psychoanalysis is Harry Guntrip. The guilt-evasion that characterizes certain trends within contemporary psychoanalytic thought and the contemporary culture to which they have adapted mirrors that of Guntrip himself who, despite his background as a Christian minister and his years of analysis with two of the most creative analysts in the field, managed by the end (in my hypothesis) only a paranoid understanding of himself as a victim of a murderous mother, rather than a man crippled by a need to punish himself for his disowned murderous wishes toward a brother who died and toward the mother he hated and blamed.^[3] In focusing upon the roots of the “schizoid problem” (Guntrip, 1971, chapter 6) or the “disordered self” (Kohut, 1977) in defective early object-relations, Guntrip obscures entirely the role of guilt and the need for punishment in these conditions and promotes a cure based on reparative reparenting rather than analysis and resolution of inner conflict.^[4]

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A few months after his death, Guntrip’s (1975) “My experience of analysis with Fairbairn and Winnicott” appeared in the *International Review of Psycho-Analysis*. He describes how he sought analysis for “vague background experiences of schizoid isolation and unreality” (Guntrip, 1996, p. 743) and a recurrent “exhaustion illness.” In the 19th century this would likely have been diagnosed as “neurasthenia”; today it might be seen as “chronic fatigue syndrome” or a type of depression. Guntrip sought analysis to overcome his amnesia for what he had decided was the traumatic cause of his illness.^[5] He had been told by his mother that at age three and a half he had had walked into a room and saw his brother Percy lying naked and dead on his mother’s lap: “I rushed up and grabbed him and said: ‘Don’t let him go. You’ll never get him back!’” She sent me out of the room and I fell mysteriously ill and was thought to be dying. Her doctor said: ‘He’s dying of grief for his brother’” (p. 746).

For the next year and a half, Guntrip suffered from “repeated petty psychosomatic ills, tummy aches, heat spots, loss of appetite, constipation and dramatic, sudden high temperatures” (p. 747). Whereas Guntrip himself viewed these symptoms as attempts on his part to get his cold mother to mother him (p. 747), my hypothesis is that they represent forms of hysterical and psychosomatic self-

torment for the phantasy-crime of having killed his brother. Around age five Guntrip replaced self-directed aggression with outright rebellion, causing his mother to fly into rages and beat him. Gradually, by age seven or eight he developed a life outside the home and, as her business began to thrive, his mother became less depressed and hostile.

Guntrip describes three subsequent acute episodes of his “mysterious illness,” each occurring in the face of a loss of a “brother.” In 1927, at age 26, a fellow student who had been a brother figure to him left for another university. Guntrip went home on vacation and attributed his exhaustion illness not so much to the loss of the friend, but to being with mother. As soon as he left home and returned to College it disappeared, but it returned in 1938, at age 37, when “a colleague who had become another Percy-substitute” left the large congregation to which they had ministered together. At this time Guntrip had “a big dream”: “I went down into a tomb and saw a man buried alive. He tried to get out but I threatened him with illness, locked him in and got away quick” (p. 746).

Although in light of this dream Guntrip saw that “I lived permanently over the top of its [*viz.* Percy’s death] repression” (p. 746), it does not seem to have occurred to him (whether or not it occurred to his analysts is unknown) that the dream might reflect a guilty wish to keep the brother he imagined he had killed safely dead and buried—despite other “mysterious death-threat” dreams that occurred at this time. One of these was based on a memory of his mother taking him at age six into the bedroom of his invalid aunt: “I was working downstairs at my desk and suddenly an invisible band of ectoplasm tying me to a dying invalid upstairs, was pulling me steadily out of the room. I knew I would be absorbed into her. I fought and suddenly the band snapped and I knew I was free” (p. 746). Guntrip writes perceptively that “I knew enough to guess that the memory of my dying aunt was a screen memory for the repressed dead Percy, which still exercised on me an unconscious pull out of life into collapse and apparent dying” (pp. 746-7), but he fails to consider the possibility that this “unconscious pull out of life” exercised by the repressed dead Percy may have had to do with Harry’s phantasy that Percy desired justice and revenge upon his murderer.

Padel (1996) discusses what he sees as a related dream reported by Guntrip some eleven years later, toward the end of his analysis with Fairbairn:

I was going home from Edinburgh by train and had a life-size dummy of a man left with me, made of flesh, human but no bones in it. I put it in the Guard’s van to get rid of it, and propped it up as it slumped limp. I hurried away so the Guard wouldn’t know it was mine. Not that I was doing anything wrong but I didn’t want him to know I had any connection with it. I met the Guard in the corridor and suddenly heard it shambling after me, calling out. I felt a queer horror as if it were a sort of fleshly ghost, and said to the Guard, “Quick, let’s get away. It’s alive. It’ll get us” (pp. 756-7).

Guntrip saw the dummy as his passive self and Fairbairn as the Guard. Although Guntrip thought he wanted Fairbairn to see this part of himself, Padel points out that “in the dream he tries to get the guard and himself *away* from the dummy” (p. 757). Padel sees both this and the earlier dream as referring to the time of Guntrip’s mother’s pregnancy and Percy’s birth and to Harry’s “anxiety that his anal-phallic phantasies about it might be discovered, whether these were phantasies of creation or of destruction or both” (p. 757). Padel refers to Freud’s (1917) symbolic equation, “Stool=phallus=baby,” and suggests that the dummy must represent this: “When it came alive, its dreaded hostility needed to be explained by the child’s hostility to the living foetus” (p. 760).^[6] Although without Guntrip’s own associations it is impossible to do more than speculate, I suspect it may also have represented Guntrip’s view of Fairbairn as a “dummy” with no “backbone” who needed to be “propped up” like a flaccid phallus or a dead man by his analyst—and, at the same time, the ghost of the dead Percy come to life and shambling, like a zombie, after him.

In his discussion of “The Taboo Upon the Dead,” Freud (1913 [1912-13], chapter II) describes the primitive belief that “a dearly loved relative at the moment of his death changes into a demon, from whom his survivors can expect nothing but hostility and against whose evil desires they must protect themselves by every possible means” (p. 58) for “the dead, filled with a lust for murder,

sought to drag the living in their train” (p. 59).^[7] He explains these beliefs on the basis of the survivor’s projection of the hostile element of a relationship of emotional ambivalence onto the deceased: “The survivor thus denies that he has ever harboured any hostile feelings against the dead loved one; the soul of the dead harbours them instead and seeks to put them into action In spite of the successful defense which the survivor achieves by means of projection, his emotional reaction shows the characteristics of punishment and remorse, for he is the subject of fears and submits to renunciations and restrictions ...” (p. 61).

I hypothesize that in Guntrip’s case the survivor reacted with self-punitive states of inner deadness based on a talion-law identification with his dead brother. Hazell (1991) reports that Guntrip occasionally felt a “static lifeless state deep within him” (p. 151). In unconscious phantasy the mechanism here would be: “You see, I am dead too, so you needn’t kill me”; or “You see, I have paid the price for killing you, by becoming dead myself.” In this sense the dream dummy does represent Guntrip’s passive self, as he thought, but in a way that he never comprehended: an identification with both his dead brother and, via both projection and the brother transference, with Fairbairn.

I do not refer to this dynamic as survivor guilt because such self-torment functions as an alternative to and defense against guilt feeling (see note 1 above). Although Glatzer & Evans (1977) view Guntrip’s mysterious illness as a talion punishment for the unconscious death-wishes toward Percy that he projected onto his demonized mother, and although they write of the neglect by both of his analysts of his sibling rivalry, their main focus is upon his infantile megalomania and terror of the all-bad mother imago, whereas I am stressing his possible need to “deaden” himself in a punishing identification with Percy due to his inability or unwillingness to face and bear guilt. Although they see the case as preoedipal and refer approvingly to Winnicott’s comment to Guntrip that “‘You show no signs of ever having had an Oedipus complex’” (Guntrip, 1977, p.744), their recognition of the role of sibling rivalry in the case belies this idea insofar as we regard the struggle with rivals for mother’s love as the essence of the Oedipus complex.^[8]

The fourth episode of exhaustion illness occurred in 1957, when Guntrip was 56, and the old friend whose departure had provoked the collapse in 1927 suddenly died. When Fairbairn returned to work after a six-month struggle with viral influenza he told Guntrip: “I think since my illness I am no longer your good father or bad mother, but your brother dying on you” (p. 747). The fact that the failing Fairbairn had become Percy in the transference led Guntrip to feel he must end the analysis to avoid being “left with a full scale eruption of that traumatic event, and no one to help me” (p. 748). But despite continued struggles with his health, Fairbairn lived on for another five years. One wonders whether if Guntrip had been able to stay and tolerate deep work on that transference he might have gotten to the root of his problem. But he left, and afterwards complained that, while radical in theory, Fairbairn operated in practice as a “‘classical analyst’ with an ‘interpretive technique’ when I felt I needed to regress to the level of that severe infancy trauma” (p. 742). In my view it may well be that he *had* so regressed and, in the face of the regressive Percy-transference, he fled.

Guntrip describes Fairbairn’s approach as “broadly oedipal analysis of my ‘internalized bad-object relations’ world” (p. 747): “He repeatedly brought me back to oedipal three-person libidinal and anti-libidinal conflicts in my ‘inner world’, Kleinian ‘object splits’ and Fairbairnian ‘ego splits’ in the sense of oedipal libidinal excitations” (p. 743). But it is not at all clear how “oedipal” this focus really was—at least in the Freudian sense involving triangular conflict between a child who desires the exclusive love of one parent and both loves and hates the other parent and the siblings as rivals, with all the guilt and anxiety that follow from such longings, death-wishes and attendant phantasies. Fairbairn may well not have focused on this (which is central to the hypothesis I am offering here), but more on Guntrip’s internal world of sado-masochistic struggles with his mother. Glatzer & Evans (1977) chide Fairbairn for providing oedipal analysis of Guntrip’s preoedipal structure, but I think despite Guntrip’s description of Fairbairn’s focus as oedipal it may, in reality, have been preoedipal—but not in the sense that Glatzer & Evans value (a focus on infantile grandiosity and demonization of the mother), but rather in the sense of focusing on the split endopsychic structure and sado-masochistic struggles that follow, in Fairbairn’s view, from the internalization of bad objects. If my hypothesis has any validity, it would have been better if Fairbairn *had* provided oedipal analysis of Guntrip’s death-wishes toward his sibling oedipal rival.

Fairbairn's (1952) theory would have predisposed him to see Guntrip's split internal world as an internalization of and a reaction to "bad object-relations." He appears to have shared Guntrip's belief that severe maternal failure was at the root of both Percy's death and Harry's problems: "Both Fairbairn and Winnicott thought I would have died if she had not sent me away from herself" (p. 746). Glatzer & Evans (1977) write in this connection: "No evidence was supplied for this conclusion. ... The statements were based on the evidence of the sole witness: a guilt-laden mother" (p. 83). Markillie (1996), a colleague and friend of Guntrip's for over thirty years, writes: "I always felt that her [Guntrip's mother's] bad-object aspects were overemphasized by him in later years" (p. 764). Despite apparent agreement on the part of Guntrip himself, his father, the family doctor, Fairbairn and Winnicott that the mother's coldness killed Percy, we really have little idea as to the real causes of his death. Hazell (1996) writes that "The most probable explanation, supported by those parts of her [the mother's] explanations which are common to letters and verbal accounts, both in the 1920s and the 1940s, is that Percy died during a febrile convulsion which coincided with teething to bring about what she described as a 'teething fit'" (p. 6). But Hazell then goes on to join the consensus that the mother was to blame: "But, whatever the physical cause of Percy's demise, the sheer lack of maternal feeling for him as an unintended and unwanted second baby must surely have been a strong contributory factor" (p. 6).

In a brief sketch of his family history, Guntrip (1975) writes:

My mother was an overburdened 'little mother' before she married, the eldest daughter of eleven children and saw four siblings die. Her mother was a feather-brained beauty queen, who left my mother to manage everything even as a schoolgirl. She ran away from home at the age of 12 because she was so unhappy, but was brought back. ... They married in 1898 but he did not know that she had had her fill of mothering babies and did not want any more. In my teens she occasionally became confidential and told me the salient facts of family history, including that she breast-fed me because she believed it would prevent another pregnancy; she refused to breast-feed Percy and he died, after which she refused further intimacy (p. 745).

Glatzer & Evans (1977) suggest that despite Guntrip's apparent empathy for his mother's plight, on a deeper level he used her confidences to demonize her: "On an intellectual level, then, Guntrip understood his mother's reluctance to have more children, but on an emotional level he exploited these confessions to demonstrate that his mother was not just a failure, but a 'total' failure and a murderess as well" (p. 82).

Whereas Fairbairn may have stressed the split, preoedipal, sado-masochistic internal world formed in reaction to bad object-relations experience as the core of Guntrip's problem, and may have viewed his schizoid states as defensive withdrawal from such internal relations with bad objects,^[9] Guntrip himself saw all this as a defense against the ego-weakness and inner deadness deriving from the maternal coldness that he believed was also responsible for Percy's death. While Guntrip's desire that Fairbairn acknowledge the mother's badness was gratified, his demand for a regressive transference cure, a kind of reparenting with Fairbairn in the role of good mother, apparently was not. Fairbairn "regarded his demands as a resistance. The analysis was a stalemate, though it continued for another five years" (Padel, 1996, p. 756). Perhaps if analyst and analysand had been able to study their theoretical and technical disagreement as the rivalry it appears to have been, and if Guntrip had not fled the analysis after Fairbairn interpreted the Percy-transference, what in my hypothesis is the truly oedipal root of Guntrip's illness—the phantasy of having killed his sibling rival and the need to be dead like him in talion punishment for this crime—might have come to light.

But he went to Winnicott who, like Fairbairn, seems to have been ready to stress the mother's deficiencies but who, unlike Fairbairn, seems also to have offered a reparative reparenting therapy, countering (magically, I would say) the baleful influence of Harry's "bad" mother by playing the role of the "good" mother whose early existence, to his credit, Winnicott helped Guntrip acknowledge: "He enabled me to reach extraordinarily clear evidence that my mother had almost certainly had an initial period of natural maternalism to me as her first baby, for perhaps a couple of months, before her personality problems robbed me of that 'good mother'" (p. 749).^[10] Winnicott appears to have

offered direct, non-analytic, support to Guntrip, telling him “I’m good for you but you’re good for me. Doing your analysis is almost the most reassuring thing that happens to me. The chap before you makes me feel I’m no good at all” (p. 750).^[11] Guntrip reports that, in addition to providing him with narcissistic gratification of this sort, Winnicott assisted him to more fully understand his ceaseless activity, his “hard talking” in the analysis and his obsessive record-keeping after sessions, as essentially manic defenses—not against internalized, essentially preoedipal object-relations with the bad mother (Fairbairn’s hypothesis); nor against states of inner deadness formed out of a self-punishing identification with the dead brother (my hypothesis); but rather, in Winnicott’s as distinct from Fairbairn’s hypothesis (though both were preoedipal), against the core of ego-weakness and unrelatedness stemming from “*the earlier mother who failed to relate at all*” (original italics, p. 749).^[12]

According to Guntrip, Winnicott said:

You must have had an earlier illness before Percy was born, and felt mother left you to look after yourself. You accepted Percy as your infant self that needed looking after. When he died, you had nothing and collapsed. ... Your problem is that that illness of collapse was never resolved. You had to keep yourself alive in spite of it. You can’t take your ongoing being for granted. You have to work hard to keep yourself in existence. You’re afraid to stop acting, talking or keeping awake. You feel you might die in a gap like Percy, because if you stop acting mother can’t do anything. She couldn’t save Percy or you. You’re bound to fear I can’t keep you alive, so you link up monthly sessions for me by your records. No gaps. You can’t feel that you are a going concern to me, because mother couldn’t save you. ... The gap is not you forgetting mother, but mother forgetting you, and now you’ve relived it with me. You’re finding an earlier trauma which you might never recover without the help of the Percy trauma repeating it. You have to remember mother abandoning you by transference on to me (p. 749).

The idea of an earlier illness is speculative, as is that of Percy as Harry’s infant self. An alternative (equally speculative) hypothesis that neither demonizes the mother nor renders Harry her total victim is that the collapse upon Percy’s death involved a self-punitive identification with the brother whom, in omnipotent phantasy conflating wish with deed, Harry imagined he had killed. In this view, his chronic over-activity represents a constant fight for life in the face of the constant regressive “ectoplasmic” pull towards death grounded in the primitive superego’s demand for Harry’s death as the price that, according to talion law, must be paid for the crime of fratricide.

But according to Guntrip, Winnicott “became a good breast mother to my infant self in my deep unconscious, at the point where my actual mother had lost her maternalism and could not stand me as a live baby any more” (p. 750). Guntrip felt Winnicott enabled him to see that “it was not just the loss of Percy, but being left alone with the mother who could not keep me alive, that caused my collapse and apparent dying” (p. 750). When Winnicott died, Guntrip’s first thought was “I’ve lost Winnicott and am left alone with mother, sunk in depression, ignoring me. That’s how I felt when Percy died” (p. 751). But instead of collapsing, over the next few months he experienced a series of dreams leading to two that he regarded as finally breaking the amnesia for Percy’s life and death and confronting him with “the ‘faceless’ depersonalized mother, and the black depressed mother, who totally failed to relate to both of us” (p. 751). He concluded that though Winnicott’s death had reminded him of Percy’s, the situation was entirely different in that Winnicott had been internalized as a good mother: “*He has taken her place and made it possible and safe to remember her in an actual dream ...*” (original italics, p. 752).

Guntrip felt he had finally reaped the gains he had sought in his analyses. If Fairbairn had become another good father, Winnicott had replaced his non-relating mother. He had been successfully reparented. If my hypothesis is correct, he had achieved a kind of “transference cure,” not an analytic one. He writes, “It hardly seems worth mentioning that the only point at which I felt I disagreed with Winnicott was when he talked occasionally about ‘getting at your primitive sadism, the baby’s ruthlessness and cruelty, your aggression’ in a way that suggested not my angry fight to

extract a response from my cold mother, but Freud's and Klein's 'instinct theory', the id, innate aggression" (p. 750). The issue of whether such id aggression is innate, although theoretically important, is something of a red herring here. Quite apart from instinct, frustration breeds aggression, and not just the frustration of having a cold mother, but even that of having a sibling born and thus losing one's privileged status as the only child. Human existence *per se* is frustrating. Having to die and knowing it is frustrating. Not being able to have our cake and eat it too is frustrating. One need not be a psychobiological instinct theorist to recognize the frustration that is inherent in the human condition and that is nobody's fault, in addition to the frustration that is. In any case, although far from being a systematic or even a theoretically consistent thinker, Winnicott was far too astute an analyst to be entirely blind to the role of aggression in Guntrip's psychology. But Guntrip seemed able to prevent this evidence of difference between them from disrupting his determination to have a cure through identification rather than analysis.

After acknowledging his wife's role in what he regarded as his cure, Guntrip asks: "What is psychoanalytic psychotherapy? It is, as I see it, the provision of a reliable and understanding human relationship of a kind that makes contact with the *deeply repressed* traumatized child in a way that enables one to become steadily more able to live, in the security of a new real relationship, with the traumatic legacy of the earliest formative years, as it seeps through or erupts into consciousness" (p. 752). There is no need to deny the significance of trauma to suggest that not all emotional disorder is reducible to this cause and that a good deal of the psychological suffering to which humanity is heir arises from other sources—unless one is prepared to argue that being human is itself traumatic (an existentialist notion I would personally support).

It seems to me that one of the dangers of a personal relations therapy that offers a kind of reparative reparenting through provision of a "new real relationship" is that it appeals to the therapist's unresolved omnipotence. Guntrip (1971) claims that "At the deepest level, psychotherapy is replacement therapy, providing for the patient what the mother failed to provide at the beginning of life" (p. 191). On occasion, his comments on his work with deeply regressed schizoid patients, some of whom he felt were "literally 'born again'" (p. 196) through a "therapeutic process of regrowth of the personality from the foundations" (p. 191) have caused me to wonder if this former minister may have become excessively identified with Jesus resurrecting Lazarus from the dead. In my experience this sort of passion to heal (*furor sanandi*) often embodies a therapist's unconscious need to engage in manic (magical) reparation for real or imagined crimes. By way of contrast, working to transform "hysterical misery into common unhappiness" (Freud in Breuer & Freud, 1895, p. 305) through the analytic resolution of interior conflict seems a more modest and potentially achievable therapeutic aim for fallen human beings who must toil by the sweat of their brows outside of Eden.

In this connection Guntrip's long-time friend and colleague, Ronald Markillie (1996), writes:

I think the most critical thing I can say of what he did is that it struck me that he entered into an allegiance with his patients against a bad object which got made even badder in the process. It is possible that this was encouraged early on by Fairbairn's idea that only bad object relationships are introjected. ... In consequence, a patient may be left more dependent than ever, unable to make reparation because his part in events cannot be worked through; unable to recognize that if, for example, mother was depressed, she had her reasons and he played some part; unable to explore the realm of his omnipotence (p. 769).

Regarding Guntrip's terminal carcinoma of the oesophagus, Markillie writes: "I can't remember when the diagnosis was confirmed, for the timing is crucial The more I think about it now, the more I believe some denial had been going on for some time. ... I know that I have always believed that when he knew what his condition was he turned his face to the wall and ceased the struggle, his last and final collapse" (p. 768-9).

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In such early writings in the field of pastoral psychology as his *Psychology for Ministers and Social Workers* (1949), Guntrip recognized that “Among the most persistent features of neurosis are the tyrannous conscience, the emergence of anxiety in the form of guilt, and the need for self-punishment” (p. 245). But his subsequent personal contribution to psychoanalytic thought displaced the role of conflict, guilt and self-punishment in psychopathology in favor of a one-sided emphasis upon deficit and trauma resulting from parental failure. There is no need to downplay the role of trauma and deprivation in neurogenesis, the ways in which we may indeed have been victims, in order to see how such experience gives rise to reactive hate, narcissistic rage, and wishes and acts of revenge. Such emotions and acts make us guilty or self-punitive agents

In *Mental Pain and the Cure of Souls* (1956), Guntrip wrote: “Human beings feel safer, calmer, and less anxious if they can find scapegoats for their troubles. They try if possible to find an *external scapegoat*—nazis, communists, capitalists, the government, the political party that is not one’s own; or, coming nearer home, their employer, or annoying neighbour, or their minister who didn’t visit them or doesn’t fill the church or isn’t like the last minister, or else even their husband, wife or children” (pp. 26-7). But despite this recognition of our proclivity to scapegoat others as the cause of our troubles rather than acknowledge the degree to which we have brought them on ourselves, from his earliest to his latest writings Guntrip would consistently blame the early caretakers.

All our troubles and sorrows arise out of our deep ineradicable need for love, for good-object relationships: our fundamental insecurities, fears, anxieties, angers and aggressions, and guilty feelings are all reactions to persons who have frustrated our love-needs, ... Thus in the unconscious inner world we are forced to live in a state of tantalized, stimulated, excited needs which are never given any proper satisfaction. This perpetuates the outer situation of infancy in so far as the baby was allowed to get into a state of painful, unsatisfied, hungry craving through lack of proper emotional ‘mothering’ (1956, pp. 62-3).

Certainly bad relationships, especially those with caregivers in infancy and early childhood, give rise to neurosis. But so does the hate and consequent need for self-punishment arising, for example, from the birth of a sibling. As Mitchell (2000, 2003) has recently reminded the psychoanalytic community, where there are siblings “murder is in the air” (2000, p. 20).^[13] Murderous feelings often lead in primary process thinking to phantasies that one has, in fact, murdered or at least maimed or otherwise damaged another, with all the consequent needs for self-punishment that generally follow from this. The self-murdering states of chronic fatigue and inner deadness, depletion and devitalization that Guntrip viewed as direct outcomes of the deficient mothering of which he believed both he and Percy were victims represent, in this hypothesis, the consequence of turning of aggression against the self and of superego-driven self-punishment for fratricidal wishes that in phantasy were tantamount to fratricidal deeds. While unconsciously accusing and punishing himself, on the conscious level the murderer became through projection not Harry but his mother.

In his own way, Guntrip lived out his phantasy murder of the brother with each of his analysts: he allowed neither to succeed with him, rendering them impotent, putting them out of commission. Padel (1996) writes of Guntrip’s “rivalry with his analysts” and his “intense and compulsive competitiveness” that is “destructive of the other person” (p. 759). Glatzer & Evans (1977), following Abraham (1919), write of narcissistic patients who feel they are better than their analysts and for whom “there is obviously only one person who can conduct their analysis—themselves” (p. 85). They conclude: “One is left with the impression that Guntrip had this grandiose fantasy: the only person who could analyze Guntrip was Guntrip” (p. 87). Markillie (1996) asks: “Did he ever then have an analysis or is that a name used to name something else? It [Guntrip’s (1975) report] reads as if the title should be ‘My Self Analysis’” (p. 770). He wonders if both Fairbairn and Winnicott were exposed by Guntrip “to have made such unanalytic comments, and to have mixed promiscuously an analytical role and a colleague-relation to the detriment of the task” and, in this way, “made into parents who failed” (p. 770). Once they had died, he omnipotently

analyzed himself, remembering the trauma, blaming the mother, exonerating himself.

In reality, of course, Guntrip had not murdered his brother: he only (in my hypothesis) phantasied that he had. The crime occurred in *psychic reality*. But such unconscious beliefs are common in children who have had siblings who died. Guntrip's mother may well have been cold; this would have contributed to the problem. But even children of cold mothers experience sibling rivalry, envy, hate, death wishes and resulting needs for self-punishment. The very coldness of the mother tends to exacerbate such feelings for, when love is a scarce commodity, competition and envy are intensified. Added to all this, of course, is the superego reproach for the hatred toward the mother that Guntrip seems never to have gotten over.

This analysis in no way denies the trauma of a sibling's death, nor that of maternal coldness. It only refuses to deny the role of envy, hate, guilt and self-punishment in human psychology. If my hypothesis has any validity, then Guntrip's chronic symptom might have been permanently resolved had he been able to surrender his paranoid-schizoid defensive guilt evasion through projection of blame onto the mother in favour of a capacity to bear the guilt for hating her and for having wished his brother dead. The latter is a rather normal occurrence among siblings and regularly causes trouble enough, but has severely pathological consequences when it appears, in primary process phantasy, to have omnipotently produced an actual death.

* * *

Although entirely blaming the parents' intolerance of the child's aggression for its repression and turning against the self, in his early work Guntrip (1949) was at least aware of the role of the sadistic superego in psychopathology. He describes it as a "tyrannous internal policeman keeping the child, and later the adult, in a state of constant anxiety" (p. 249). Repressed aggression is "turned back against the bad self and used in self-suppression, self-blame, self-punishment" (p. 251). In this situation, "the conscience or superego becomes a really vindictive, destructive, inner dictator" (p. 251), "a ruthlessly repressive persecuting conscience in a guilt-laden mind as the only alternative to becoming an anti-social person" (p. 252).

Guntrip writes that "One grave danger involved is that the mind may be driven to seek relief from self-torture by projecting its guilt-laden bad feelings on to other people and attacking its own 'sins' there. ... Such an external attitude always hides intense repressed feelings of personal guilt" (p. 252). Although he distinguishes between the morbid and the truly moral conscience, and between irrational and rational guilt, at this point he fails to acknowledge that we rarely encounter these as pure types. In reality, guilt is usually a blend of the irrational and the rational. As Freud understood, there is usually some truth in the superego's accusations, however exaggerated or distorted. Hence, it is questionable to suggest, as Guntrip does, that we need to therapeutically destroy the morbid conscience as the source of entirely irrational guilt, for seldom is our guilt entirely irrational. At a later point in his text, writing of our mixed motives, Guntrip himself recognizes this:

The Old Testament prophet held that the heart was deceitful above all things. The analyst is only more thoroughgoing in his analysis of motivation and calls on us to face the full truth about ourselves which is, in itself, a highly moral procedure. There is no morality in self-deception. A man can, for example, champion a socially oppressed minority for the two different reasons that, in the first place, having grown up under a dictatorial father, he is inwardly a rebel, and, in the second place, because he genuinely understands and feels for the minority and its cause. If he is not aware of the first motive, and it is one that is likely to be hidden from him, his championship will be less effective than it might be owing to the unconscious importation of bitterness and probably rash judgment. But the good motive is not any the less good or real because another one exists. It is only through the investigation of our mixed motives that we can make any true progress in character (p. 286).

The reverse is also true: the bad motive is not any the less bad or real because another one exists. Usually, irrational guilt contains rational elements. Hence, it is not a matter of *destroying* the morbid conscience, but of *modifying* it, acknowledging the bad motives it condemns when they really exist and at the same time forcing it to take account of the good motives it is inclined to overlook.

* * *

It is ironic that the Judeo-Christian doctrine of original sin is better preserved in psychological form by the non-religious psychoanalysts, Sigmund Freud and Melanie Klein, than by the Christians, Fairbairn, Winnicott and Guntrip. Eigen (1981) is incorrect to describe Guntrip's object-relations theory as a "profoundly Christian psychology" because it "views hate as reactive to failings by primary objects" and implies that "if love were perfect there would be no hate" (p. 108). These are in no way Christian views and Guntrip was out of step with Christianity in espousing them. In Christianity hate is an intrinsic feature of a fallen and sinful human nature that envies and hates perversely even in the face of love, including the perfect love extended to man by God. Translated from theological into secular terms, this is Kleinian theory in which the infant comes to hate not only the bad object for its badness, but also the good object out of envy of its very goodness.

In Freudian drive theory, whether early (sexual vs. self-preservative drives) or late (*Eros* vs. *Thanatos*), the child is seen as coming into the world with inherently anti-social, polymorphous perverse, incestuous and murderously aggressive drives that simply must, in one way or another, be inhibited or tamed if society is not to deteriorate into a universal war. Despite the fact that in Freudian theory the human *trieb* is distinct from animal *instinkt* in that its aims and objects are not biologically hard-wired but influenced by experience, the theory is biologically reductionist in its insistence that the *triebe* arise from a somatic source (not the brain, but an erogenic bodily zone). This grounding of human motivation in the somatic component of human existence, together with its essentially paranoid blaming of human evil on the animal in us rather than upon our uniquely human transcendence of the biological component of our *being-in-the-world*, is widely regarded today as untenable. The truth is that the beasts never behave in "bestly" ways, only humans do.

Unfortunately, in rejecting such biologism, the critics of Freudian theory have all-too-often swung to an equally reductive environmentalism. The work of Fairbairn and Guntrip and, to a somewhat lesser extent (because of his very inconsistency as a theorist) Winnicott, are cases in point. What is lost in this pendulum swing is an existentialist recognition of a human situation that, although conditioned by both nature and nurture, is irreducible to either, or to their interaction. We transcend both due to our uniquely human type of ego-functioning in which symbolic processes open us to absence, the not-yet and the no-longer (i.e., time), consciousness of both self and other, awareness of both freedom and mortality, and to the ontological anxiety all this generates in us. In the face of such anxiety and the maddening nature of our human condition we experience unavoidable mental pain that is nobody's fault, but that generates rage and a wide range of demonic reactions. Although they obscured and mis-theorized their insight through their biologism, the Freudians and Kleinians were at least aware of the demonic in human nature as intrinsic to our being, and not merely a reaction to victimization at the hands of others.

It would seem odd that a Christian such as Guntrip would lose sight of the existentialism intrinsic to the Judeo-Christian anthropology, while secular humanists, such as Freud and Klein, would, albeit in an obscured form, retain something of its intuition of the demonic in human nature. Unlike the former pastor Guntrip, they did not resort to the paranoid projection of sin, but required us to recognize it (albeit translated into secular terms such as "narcissism" or "aggression") in ourselves. In my hypothesis, Guntrip's failure in this regard was due to a personal factor: his guilt was unbearable; it could not be tolerated in the self; it had to be evacuated into the other, the mother. In his reparative reparenting, personal relationship therapy, Harry would be a better mother to his patients. In his autarchic self-analysis, he would be a better mother to himself. If this represented merely Guntrip's personal tragedy, it would be sad enough, but the fact is that his flight from guilt contributed to a de-moralizing trend within contemporary psychoanalysis that, in offering a defense

against guilt, deprives its adherents of the opportunity to receive or provide a genuine analysis and the personal maturation this can sometimes make possible.

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[1] The present paper entails an application of the theory developed in “Self-Punishment as Guilt Evasion: Theoretical Issues” [*This Journal* (supply vol., pages, etc.)] in which I distinguish between the unconscious need for punishment driven by the punitive superego fueled by aggression, and guilt as depressive anxiety or concern fueled by attachment and love. Because the former frequently defends against the latter, the cure entails learning how to bear guilt such that its evasion through self-punishment is no longer necessary.

[2] Moral imperfection precludes being perfectly bad as much as it precludes being perfectly good. But today the idea of moral culpability as an intrinsic feature of being human—“For all have sinned, and come short of the glory of God” (*Romans 3:23*)—is widely rejected. I recently came across a letter to the editor from a woman who writes that she wishes to expose her children to a level of moral education unavailable in the schools, but wherever she goes in search of a good Sunday school the pastor, minister or priest insists she’s a sinner, and she isn’t!

[3] In the following I offer a speculative reinterpretation of Guntrip’s pathology. I have not analyzed him, nor do I claim to have thoroughly studied all available data pertaining to his case. I do not claim that my interpretation is true, only that it is a plausible account—and one that Guntrip himself, despite his expertise in analytic theory, notably failed to consider.

[4] Guntrip’s descriptions of schizoid phenomena are useful up to a point; it is his neglect of the role of guilt and self-punishment in these conditions that is the object of this critique (see also Hantman, 2004; 2006).

[5] Glatzer & Evans (1977), following Abraham (1919), see Guntrip as a specific type of narcissistic character who offers “nothing more than a pretended compliance, for analysis is an attack on their narcissism.... They expect from analysis interesting contributions to the autobiography they are writing. ... They instruct the physician by giving him their opinion of their neurosis, which they consider a particularly interesting one, and they imagine that science will be especially enriched by their analysis” (Abraham, 1919, p. 304, as quoted by Glatzer & Evans, 1977, pp. 84-5). Glatzer & Evans (1977) continue: “Guntrip instructed his analysts in what they had to uncover, namely his trauma. And both did his bidding” (p. 85).

[6] Yet in pointing out how Guntrip ended his treatment with Winnicott “without ... really attending to Winnicott’s focus on the events of Percy’s *birth*,” thus making Percy’s *death* “the centre of his problems and of his treatment” (p. 758), Padel (1996) seems to obscure the fact that a sibling’s birth is problematic because it stimulates death-wishes that seem omnipotently realized if the sibling dies.

[7] I’m not sure who first suggested that the unconscious function of heavy tombstones or steles is to ensure that the dead stay buried and don’t come back to haunt or revenge themselves on the living.

[8] While some may wish to restrict the Oedipus to rivalry with one parent for the love of the other, and refer to the broader rivalry with siblings as a “family complex,” I prefer to broaden the concept of the Oedipus complex to include rivalry with any “third”—parent, sibling, “Father Time” who imposes the demand for separation at the end of the hour—i.e., anything that constitutes a “No,” a barrier, a prohibition or an obstacle to exclusive possession of the love and attention of the object of desire.

[9] We, of course, only have Guntrip’s reports of Fairbairn’s interpretive approach to the case.

[10] An alternative to a magical, transference cure through paranoid-schizoid splitting, merely countering the “all-bad” with the “all-good” breast, the demonized mother with the idolized analyst, would be an analytic cure based on achieving a depressive position consciousness of ambivalence toward rivals and conscious guilt for death-wishes toward them.

[11] Again, we have no independent knowledge of Winnicott’s behaviour, only Guntrip’s account. But if my hypothesis has any validity, we must wonder about the effect on a man with Guntrip’s sibling conflicts of his analyst so openly favoring him over an analytic brother.

[12] Presumably this “earlier mother” came after the earliest phase of her “natural maternalism.”

[13] This is not to deny that when relations between siblings are destructive, one has to ask where the parents were. See Hantman’s (2006) review of Mitchell (2003).