

Harry Guntrip manuscripts

Section 27, Pages 781 - 810

This sub-collection consists of originals and photocopies of a draft of the first twelve chapters of Guntrip's autobiography, annotated and marked up by hand. The chapters cover the years 1901-1948 in Guntrip's life. Also included are journals, notes, and other manuscript material regarding Guntrip's analyses with Drs. Fairbairn and Winnicott in the 1950s and 1960s, and a copy of an article by Guntrip regarding his analysis experience with them.

Creator: Guntrip, Harry

Date: 1901 - 1962

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18, GROSVENOR CRESCENT,
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TELEPHONE 61557.

has remained very much in my mind - but not only with reference to the problems of technique in which we are both interested, and in account of which you mentioned the passage to me. The clue to what has been ^{specially} occupying my mind lies in the first sentence of the footnote which you read to me - "The battle with the obstacle of an unconscious sense of guilt is not made easy for the analyst"; but it is the context of the footnote rather than the footnote itself, that has set me ticking - viz. the text on pages 70 to 75, beginning "There are certain people" and ending "but here the ego contents itself with looking at a distance the material to which the sense of guilt refers". You would do well to read the passage. But the paragraph which has specially impressed me is that to which the footnote is appended - viz. that beginning "In the end we see that we are dealing with what may be called a 'moral' factor"

(page 71 near the bottom). I advise you to pay special attention to that. This passage has directed my attention about to the phenomenon of "moral masochism", especially since I have a patient in whose case this phenomenon has come up with the utmost clarity. In his case ^{referred} ~~of~~ homosexual attachment to his father has clearly assumed the form of a masochistic attitude to his father (and derivatively to me) as a "super-ego" figure; and it is in this direction that he obtains his chief hidden libidinal satisfaction - and one which he displays the greatest resistance to abandoning. See Fenichel, "The Psychoanalytic Theory of the Transference", and read the passages listed in the index under the heading of "Moral Masochism", e.g. "just as 'being beaten by the father' may become a sexual aim in masochists, so, too, may 'being beaten by the super-ego' (p. 105). I can't help feeling



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That moral masochism is one of your great trouble.
It should be added to the passage I have quoted
from Fenichel that being beaten by the father/
~~super~~ super-ego may become a source of
extreme anxiety as well as a source of gratifica-
-tion. E.g. your reaction of barricading the
bedroom door after your first session with me.
I do not exclude the possibility of being beaten
by the mother / super-ego as a factor in moral
masochism, of course; but, whilst this would
appear to be a definite factor in your case, I
cannot feel that the father / super-ego is
also deeply involved. Witness your submissi-
-on to all the sexual operations. Anyway
the Fairbairn / super-ego seems to be deeply
involved in your case; and I think you should
give this matter your earnest consideration until
next Tuesday.

I am sorry I haven't time for more; but what



I have said ought to give you something to be going
on with.

Yours ever,

Ronald Fairbairn



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Wednesday 15 - 6 - 55.

Dear Fairbairn,

I would be glad if you would regard the time taken in the perusal of my last and this letter as session time, and charge the usual fee. I had no intention of writing again, but this morning a surge of thoughts came to me, and I feel it is important that I should give some expression of them at once to you.

Over the week-end I developed a nasty cold and septic sinuses. I carried on my work but by Tuesday morning I really felt unwell, and was feverish. I went nevertheless to the meeting with Prof. Hargreaves and on returning went to bed. Incidentally on being introduced to me he remarked "O yes, you have had an analysis with Fairbairn. I have read your articles in the B.J.M.P." I have yet to find out whether he is favourably inclined to your views, but having Tavi. connections it seems probable. In that case I am bound to say that his appointment makes the background of my life, professionally, a lot more comfortable and does away with the menace of isolation. I have had to resort to ephedrine replacement and penicillin inhalation to reduce a quite bad septic state of my sinuses. In addition to that I seemed to be physically, bodily, shut in at all points, retention of urine, constipation, impotence, not much energy to do anything muscularly; just lying in bed and reading and wishing my nose would clear up for comfort sake. After a bad night Sunday, on Monday night (in view of having to meet the new Prof on Tues.) I fell back on two secal capsules, the first for five and a half years. Of course I realized there must be something important going on but could get no clue. Then this morning a rush of thoughts began to come after breakfast as I lay in bed reading. They have a relationship to D. Colbeck's analysis and once again I have the impression that I am able first to see a problem of my own in a patient (I hope, but do not think, I project it merely.) and help there and then begin to come upon it in myself. This time it is a problem that I have certainly never consciously felt in myself, at any rate not in this way: the problem of feeling that my body is inherently bad and no one will have anything to do with it and I must not do anything with it.

*Paralyzed:
not a
person, only
her idea* The thought popped suddenly into my mind while reading a quite different matter, that my mother insisted that I must be an un-earthly, non-bodily, non-sexual, absolutely pure embodiment of her ideal. I seemed to see her taking on herself the role of being my spiritual instructor, not talking directly at me, not saying "you must do or be ~~xxxx~~ this or that, but talking to me about other people whom she described to me as being all that she approved of, and leaving me in no doubt really that that was what I must be. At such times she was earnest, gentle, and made me feel that what she said was supremely important. I liked her best at those times because she was being personal to and for me, taking me into her confidence, being a mother. I feel that I believed the sort of thing she was saying simply for the



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|| sake of the relationship with her it enabled me to have. I am certain this corresponds to reality and is memory; that sometimes she would have me alone and take the chance to inculcate in general conversation about people, an other-worldly, narrow, 'spiritual', Non-Conformist religious ideal, by saying how good, or what a lovely character, etc so-and-so was.

But the clear thing about this is that the body was totally excluded from the ideal. My body was ignored. It was as if I had to forget that I had such a thing. What she idealized was something, of course, that she herself was not, and admitted it. "I leave it to Daddy to be christian for me." She was of grosser clay. She had a curious kind of self-abasement, of representing herself as a 'practical person who couldn't be expected to be a saint. It was her lot in life to be the Martha, not the Mary. Literally she was Martha and Aunty Mary was Mary. I suspect that somewhere in her she had begun by feeling that my father was the Jesus of the trio. She had sat under his preaching and got converted under his ministry but was much too busy doing then practical things of life to sit at his feet any longer. Gradually she let her power-drive and irritation at his lack of practical effectiveness get on top of her, forgetting that she had needed to keep him in that role, but she never really lost that attitude of worship behind the depreciation. She designed me to be either another Mary to her Martha, or a 'Little Jesus' to quote Francis Thompson. What a fate? I too had to fulfil her ideal for her.

|| Everything this-worldly was hers, money, power, bossing and organizing folk and making them run around at her bidding, a career as a business woman. All that was her private preserve and I hadn't to have any real share in that. While sex was taboo, I think that sex also in a perverted way, was one of the this-worldly things that belonged to her; not the sort of sex that she saw as a woman submitting to a man (she refused outright to have another baby in view of the business), but the sort of sex that consisted of her doing things to my body. I mustn't do it, mustn't relieve my own irritations in heat-spots or foreskin, having to do with the body wasn't my business. She did all that; and there was a very large anal element in her sexuality too as her own lavatory habits showed, and her interest in mine. She had a morbid, guilt-laden, aggressive, sexuality full of hate and she forced it on me at some times, even while at others she was demanding by implication that I should be spiritual child without a body. She trained me to be unable to accept my own body in any positive way, and therefore sex, at all. And yet at other times she forced a guilt-laden sexual excitement on me by the things she did.

But I could not be open about that, and had to struggle with it in secret. Mother put me up on a pedestal and insisted that I stay there. She did this in open and unashamed ways while I was small and got away with it. I suspect that the period of the beatings, which I rather think was about 5 to 7 (certainly so far as I remember them, while I was at the second private school, Mrs. East's which was that age period) came about when she began to realise that I was beginning to develop into a little 'boy' and not the little 'angel' she demanded. Up on the pedestal I had her love of a sort and that side of me

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became a permanent part of me, enforced by all the most powerful sanctions I knew of. In my later teens I was the spiritual, other-worldly young man, sitting at the piano playing the hymn:-

"Eternal Light, Eternal Light, How pure the soul must be,
When, placed within Thy searching sight, It shrinks not
but with calm delight, Can live and look on Thee."

The spirits that surround Thy throne may bear the burning bliss,
But that is surely theirs alone, Since they have never, never
known, A fallen world like this."

Mother was content to revel in being a boss and in "the fallen world like this" so long as we didn't want to challenge her power there, but also so long as we would compensate for her. She both despised and admired the unreal spirituality she demanded of us; she would never have either stooped or risen to such selflessness. But she left no doubt in my mind as to what I had to be. If I came off the pedestal to be an ordinary boy or man of flash and blood (to say 'bally' at school, to play the penis game with Gillie Stiles or Roland Audouire, to have a girl Madeline) or to have a material will of my own that crossed hers, then I was thrashed. I mustn't cross her will, and I mustn't have a sexual body.

I feel that my mother was a quite unnatural person, seriously disturbed at bottom, tending to narcissistic paranoid aggression and evangelically-toned moral duty, within the range of the socially normal. As you once said, she has been the curse of my life, though from her own and from the conventional point of view she did her duty and did well by me, and loved me in her queer, possessive, way. The whole effort of my life has been the fight to escape from her influence on my personality make-up, and to find out the truth amid all the confusions and distortions I grew up in the midst of, the truth about how to live and what one really should be to be a natural, healthy, human being, and how to be it. I feel I want to say to you "For God sake, don't leave me with this problem unsolved; otherwise the real raison d'être of my existence, what I've both blindly and consciously but with all my determination lived to get at, will disappear. I could console myself with home, literature, garden, work, holidays, but I would know that the real core of 'me' is still distorted by mother's devilishly perverse influence and nothing more to be done about it.

To return to the problem, I certainly grew up taking it for granted that I did not have anything to do with the life of this earth in the ordinary way. I didn't even get to know much about it. The usual interest in getting to know about careers, money-making, and what went on in the social life around me must have been grossly inhibited. I just didn't get to know these things. I was to be dedicated to a wholly spiritual and other-worldly calling and I did literally have that outlook in my teens and twenties, and thought it was my own choice. I had no idea whatsoever of the extent to which mother's moulding was behind it. Money gain just did not exist for me. I never thought of it. My head was full of other things. Only the ~~unpleasant~~ physical urge of sexual maturing compelled me to think about girls, and after Madeline left, from my being 16 I completely spiritualized that and never kissed a girl from 16 to after 21 when I got to know my future wife. The idea of actually consciously harbouring the



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thought of wanting a sexual relationship would have been utterly gross. Crucify the flash.

I have long since repudiated consciously that outlook of my teens and early twenties, and leaving the Salvation Army was the beginning. But mother's taboo on naturalness must hold absolute sway in me deep down still. I feel that as a small child even I had to live as nearly as possible without a body and just ceased to eat or defecate until medical necessity forced mother to take note. That's the 'me' that is now impotent. I must feel that my body is bad, and if I will have a body it shall only be to suffer with, not to enjoy. I am sure it gives me a deep sense of isolation, of being untouchable. Father never touched me. ~~Mother never touched me in affection.~~ Mother never touched me in affection. I feel that you would never touch me in a friendly way, only if there was something wrong with my body (a pain in the arm, a spot on my hand.) I must hate you for that as I hated mother for it.

Yet being ill and having curative things done to my body became necessary to me, since it did at least reassure me that my body was not absolutely untouchable and bad. There was something bad about it, and if it couldn't be touched in affection, then it could be touched to remove the bad part of me. Mother had to touch me to remove bad faeces or have me circumcized, the surgeons had to touch me to remove bad septic matter from my sinuses. You have helped me so far that you spontaneously touched me without any hesitation, and as if it were the most natural thing to do, to help me over something bodily wrong with arm and hand. But like mother's touching that carries the implication that there is a bad something about me that does need removal. Hence my obsession about getting rid of that spot on my hand, which was very insistent. What I evidently need is to be helped to feel that my body per se is not bad at all, as mother made me feel, so that I can feel free to use it actively with comfort and pleasure, and live in it without having to have something bad to remove.

One thing seems clear to me, that this need to be touched is not immediately an erotic problem, it is a need to find out that I am not bad and untouchable in body, that the 'me' that includes my body is acceptable as I was not to mother and father. I feel that the intimacies of marriage haven't solved this problem for the simple reason that it has been inaccessible, repressed, so that the influence has worked rather the other way round, adversely.

I hope that getting this clear to myself by communicating it to you, may help to keep things moving till next Tuesday, and once more, please charge as session-time, the time you spend on reading this.

Yours sincerely,

X a need to be accepted as a person. Being 'bad' is better than 'being nothing'.

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I was unable to go to Edinburgh the next week because our newly appointed Department head, Professor Hargreaves, was visiting us, but I wrote to Fairbairn, a long letter about feeling absolutely blocked, unable to afford to go on much longer with analysis and fearing being left full of hate and resentment and unable to do anything about it. I wrote: "I woke in the night, feeling 'I can't do it. I feel helpless to make any radical change. I need Fairbairn to do something to cancel out mother.'" (This was written in my note book.)

I had arrived at a really critical stage, and being unable to go to Edinburgh that week created for me a way of expressing it. I wrote a long letter to Fairbairn on Thursday, the 9th, he replied with a five page letter on Monday, the 13th, and I replied with a longer letter on Wednesday, the 15th. All these were of outstanding importance at that stage. In my first letter I said how disappointed I felt at being so blocked in Wednesday's S.800, especially as I felt we could not afford for me to go on with analysis very much longer and I feared becoming conscious of some deep buried anger and having to leave it unresolved. I mentioned a hysteric female patient who became aware of her terrific hate of parents who had crushed her personality, and had been able to regress and act out naïvely with me, stage by stage, from the ~~infant~~ ^{bottle-fed} in infant to the adolescent girl going out with boys, and had now achieved a very fine result on an adult level. She had always felt ~~shamed~~, revolting till she found I accepted her and wasn't revolted by her, and then she began to grow. I said I had never had a male patient able to do that, and most female patients were too controlled to do it; and I felt I would be too self-conscious and feel too humiliated to be able to regress and act out. I can't relax my obsessional controls. I mentioned that my wife thought I ought to go on, and it would be silly to get so far and then stop, but I felt another 2 years would be the utmost limit we could afford it. I wrote: "I found myself lying awake last night feeling 'I can't do it. I feel helpless to make any radical change.' I had to write this to free my mind for I feel up against the major blockage."

Fairbairn took my letter very seriously and replied: "It was a good thing in itself to write it. As regards the blocking, last Wednesday, I felt in the morning session, when you were giving me a long historical account of the

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development of the obsessional side of your character, you were, in the very process, employing the obsessional defence. But the thing is so subtle that it presents me as an analyst with rather a difficult problem. Was I to intervene or not? And if so, at what point? I contemplated doing so, but decided not--perhaps wrongly. The difficulty is that what you say in these historical accounts is all so true; and I always hope that something emotional will emerge out of them. Another difficulty is that, if I intervened every time I thought you were being obsessional, I should be intervening the whole time, and am not sure what effect that would have on you. What I fear is that you would find it so disconcerting and become almost afraid to say anything at all. Your analytical knowledge is a great handicap here. If an ordinary person gave me these historical accounts, it would be easy for me to say that he or she was taking on my job for me, and trying to assume control in the obsessional manner as a defence; but it's more difficult for me to take this line with you, since it comes naturally to you to talk in analytical terms. However I am taking the opportunity to say something of what I feel about this problem now."

The rest of the letter dealt with some particular points, but the above extract was the important part to me. I suddenly realized how seriously Fairbairn took me as a real person with characteristics of my own, and how concerned he was to find the right way to help me. That was actually far more important than any question of whether he was interpreting details rightly. I replied with a long letter: "Last Sunday I became really unwell, such a bad septic sinus that I had to resort to penicillin again. I was bodily shut in at all points, retention of urine, constipation, impotence, no muscular energy, such a bad night Sunday that (in view of having to meet the new Professor on Tuesday) I feel back on two second capsules, the first for 5½ years. I knew something very important was going on but could get no clue. This morning I found myself thinking of that patient who had always felt she was a revolting person, and began to think that, though I have never consciously felt like that myself, I must feel my body is inherently bad and no one will have anything to do with it and I must not have anything to do with it. Mother insisted that I must be an un-earthly, non-bodily, non-sexual, pure embodiment of her ideal. She did not talk directly at me, but occasionally she would talk confidentially to me about certain other people being all that she approved of, implying that I must be like that. I liked her best at those times because she was being personal to and for me, taking me into her confidence, being a mother. I feel that I believed the sort of thing she was saying simply for the sake of the relationship with her it enabled me to have. I am certain this corresponds to reality and is memory. That sometimes she would have me alone and take the chance to inculcate in general conversation about people, an other-worldly, narrow, 'spiritual', Non-Conformist ideal, by saying what a lovely character so-and-so was. The clear thing is that the body was totally excluded. She admitted that she was not like that herself, and would say: 'I leave it to Daddy to be Christian for me'. She was of grosser clay, a practical person who could not be expected to be a saint. She was Martha, not Mary, Aunt Mary was that. I suspect that she began to feel that my father was the Jesus of the tribe. She had sat under his preaching and (was supposed to have) got converted under his ministry, but now was too busy doing practical things to sit at his feet any longer. She designed me to be a 'Little Jesus' (F. Thompson)



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Gradually her power-drive got on top. Everything this-worldly was hers, money, power, bossing and organizing folk and making them run around at her bidding, a career as a business woman. All that was her private preserve and I wasn't to have any real share in it. While sex was taboo, that also in a perverted way, was one of the this-worldly things that belong to her: not sex as a woman, but the sort of sex that consisted in doing things to my body. I mustn't do it. She had to relieve my irritation and constipations. There was a large anal element in her sexuality as her lavatory habits showed, and her interest in mine. She had a morbid, aggressive sexuality full of hate, and forced it on me at some times, while at others she demanded that I be the spiritual child without a body. The beatings began from 5-7 when I was at Mrs. East's school and she began to realize that I was developing into a little 'boy', not a little 'angel'. If I came off the pedestal to be an ordinary boy of flesh and blood I was thrashed. I feel that my mother was quite unnatural person, seriously disturbed at bottom, tending to narcissistic paranoid aggression and evangelically-tomed moral duty, within the range of the socially normal. As you said 'She has been the curse of my life'. The whole effort of my life has been to escape from her influence on my personality, and find out the truth amid all the confusions and distortions I grew up in the midst of, the truth about how to live, and what one really should be, to be a natural healthy human being, and how to be it. I want to say to you: 'For God's sake, don't leave me with this problem unsolved, or the real raison d'etre of my existence will disappear.' I have long since repudiated her outlook. Leaving the S.A. was the beginning. but deep down I evidently still feel that my body is bad, and if I have a body it shall only be to suffer with, not to enjoy. It gives me a deep sense of isolation. Mother only touched me to remove bad things, like surgeons. You helped me so far that you spontaneously touched me without any hesitation to help me with something bodily painful in my hand and arm. But like mother's touching, it carries the implication that there is something bad that does need removal. (Fairbairn found that there wasn't). I evidently need to be helped to feel that my body per se is not bad at all. One thing is clear to me that this need to be touched is not immediately an erotic problem. It is a need to find out that I am not bad, that the 'me' that includes my body is acceptable. "

By great good fortune, or perhaps a deep realization that it was essential, I had kept carbon copies of both letters, together with Fairbairn's reply. I could never now have reconstructed that critical stage without them. One thing was needed, which even then Fairbairn did not supply. That was the clear statement of the fact that the real issue was not my 'body' but the 'me', the 'person' that as a child I needed mother's recognition, in order to become. My body was the symbol of my Self, in the long run. My problem was that mother ignored my real natural self so that I had no maternal relation in which to become aware of myself as real. Mother insisted on seeing me as the unreal 'spiritual' thing that was no challenge to her, which was in itself depersonalizing to me. The only relation I got was suffering as a bad body, and I made

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the best of that that I could up to 7 or 8 and then began to be old enough to grow away from her at any rate on a conscious level, to be left with the deep hidden legacy of her unnatural non-mothering in my deep unconscious.

In the next S.801, June 21, I said: "I realize that my feeling unable either to go on or to stop analysis must involve a real transference of my rebellious bondage to mother. My conscious life has been a mixture of two patterns, the obsessional one of hardwork, and the rebel one of breaking away from one thing after another to gain freedom for my 'self'. Now I'm both working hard at analysis and wanting to break free of it, from you."

Fairbairn interpreted: "You're getting obsessional again in giving me an account of your history. It's this conflict with me that's now vital."

Fairbairn missed just one thing that was even more vital, the lack of which, as with mother, left me with only the obsessional conflict to struggle on in, and feel real with. He missed the fact that in stressing his 'obsessional' interpretation, he was fitting me into the pattern of his theory, a kind of replica of what mother had done. It could only be that his theory had not gone deeper than the 'Internal Bad-Object Relations' area and neurotic defences against it, into the two-person relation of infancy, and the 'depersonalizing' results of failure at that stage, that blinded him to this, for he believed himself that it was not analysis but the personal relation that was the therapeutic factor. Fortunately that did operate now, in the first two pages of his letter to me; the other three were all about 'analysis'. I made this clear at the start of S.802, the next day, June 22. I said:

"In reading your letter I felt, over and above the important things you said about the obsessional defence, your letter meant something more personal, more important. You let me see your mind at work in a more personal way than analyzing me. You showed me your real effort to understand me and how best to help me, and whether to call my attention to my obsessional thinking, would it help or hinder me most at that point. I saw you in a more personal way than when I only hear you interpreting, and I realized how genuinely concerned you are for me, and I felt better. That need to be bodily touched in a friendly way to reassure me that I am acceptable has actually now faded. Its much less important than this more real relationship on a personal level. That feeling that my body is bad has faded too. It was simply representing my feeling that my whole personality was simply not wanted by my mother. Then having a bad body that she did things to and best was the only kind of relation I had at all!"

Fortunately this very real gain was secure. I could see it there behind his continuing to miss the mark with his interpretations. I knew that whether his interpretations were right or wrong, he really cared about me.

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When I said: "I feel more hopeful now that I've got my analysis as a situation in which you are personally involved and concerned about me, even though I'm struggling to get free of the tied situation to mother."

How much Fairbairn was tied to orthodox Freudian sexual interpretations in which 'libido' was the important thing, not 'personal relationship of a kind that gives meaning to existence', was shown when he said:

"What keeps you tied? The guilt of an incestuous tie to mother, hidden in moral and physical masochism. Its disturbing being punished, but there's a sexual satisfaction."

The irrelevance of this kind of interpretation at this point was clear from S.803, June 22, Dr.677. "I was embracing an attractive, friendly, smiling black boy; not bad black but pleasant milk chocolate coloured."

I commented "I had that dream after I got your letter. You enabled me to accept myself as not black or bad, but an acceptable person."

My session notes show that I was much restricted by trying to use Fairbairn's interpretations, and that I talked in his terms rather than freely in my own, for a large part of the time. This shows that an analyst's theory can have a 'suggestive' effect on the patient that hinders his finding his own terms in which to reveal his problems. Instead of becoming aware of a more natural 'self of my own' growing in a secure relation to Fairbairn, I went on talking about how mother and father and Mary and so on hindered my development as a child, in all the ways we had worked over for the last six years. I was marking time on the old spots again instead of making the progress that I feel would have been possible at that point, talking as if I were still struggling to get free of the past, instead of letting the new reborn self within me grow in the present. My actual experience that a new sense of reality had come into my relationship with Fairbairn in the present, was obscured by his interpretations still making me feel I was needing to 'analyze out' ties to the past, so that my real experience with him became talked about as a transference of a childhood homosexual relation in fantasy to father, as a way of feeling free of mother. It led to quite unproductive 'free associations' that were anything but 'free', being tied to Fairbairn's interpretations. In S.806, June 29, I said: "I feel I had no say in making the world I was born into, and mustn't claim to have a say in altering it."

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Fairbairn said: "That's the terrific obstacle psychotherapy is up against."

I feel it would have been nearer the mark if I had said: "I had no say in the Freudian clinical theory that you still work with in spite of dropping instincts in favour of object-relations, and I'm not allowed to have a say in altering it."

Instead I said: "Analysis means that I merely go on seeing more clearly the horrible situation I grew up in. How do I change this? There's nothing dynamic enough simply in analysis to break up the hypnotic mental ascendancy of parents over the child."

I feel I must have been covertly reminding Fairbairn that he had said: "Analysis can go on for ever. It's the personal relation that is therapeutic."

He had given me what I needed in his letter, but he did not realize its power and importance and explicitly interpret it as the basis of therapy. He went on with the old analysis. I had no sessions the next week as Fairbairn had a tooth out and it went septic and he was unwell. On July 12 my wife and I motored up in glorious weather, and I was free from my old obsessional need to 'time' the journey stage by stage. We just motored on and enjoyed stops where we wanted. But I began to feel again that I needed something different from Fairbairn than continuous interpretation of my present in terms of my past. When I expressed that in S.808, he interpreted: "You want father's potency." Shades of Freud and the 'Libido Theory'. What I needed was the explicit interpretation of the truly therapeutic personal relationship as enabling me now to discover my own basic reality and experience myself; what Balint later spoke of as "the new beginning" in response to "regression not for satisfactions but for recognition". In S.809. July 13 I said: "I still feel I need to be given something, not sure what, to help me get out of the infancy stage." I felt a need to discuss with him the female patient who made so much progress by regressing, partly because there were things I needed his experience to understand: but mainly because I was telling him something by it. He saw that and said: "You want to influence me to treat you as you treated that patient". In the literal sense that was not so, but in a deeper sense it was. I knew I had made her explicitly feel accepted and recognized as a person, and she had been able to discuss just that finally, and not more symptoms, with me. That was what I needed Fairbairn to do for me. At that point we broke off for six weeks, having made important progress without getting the main problem clear.

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(20) September 6 to December 14, 1955. S. 813 - 856.

On resumption on September 6 I said: "I felt uneasy after our last session and then had a definite picture of myself, so definite that I feel its a memory of myself as a very small boy standing as the only child in a group of adults. They are talking, and I am looking up into their faces one after another feeling puzzled and lost, and no one takes any notice of me. I'm the disorientated small child who is in a world of adults I can't find my emotional bearings in. My defence against that later was to become the disciplined intellectual bent on having a conceptually explicit view of life, an obsessional. That's what lies behind my obsessional defence." (S.813)

In S.814 I said: "I felt angry last time when you tried to make me talk of one thing when I wanted to talk of another".

Fairbairn said: "You resist interpretations as interferences".

I replied: "Yes. I listen carefully to what you say to react to it in my own time, not yours." He said: "The obsessional defence."

I feel that Fairbairn's inability to move beyond interpretations in terms of defences, especially obsessional, against internal bad objects, transferred to him, and recognize the significance of what I had said about the 'lost little boy in the group of adults, being taken no notice of', pushed me into some dangerous reactions. I felt in some way I was fighting against him and his approach, as in fact I was having to. My deeper problem was pressing for a recognition which he did not give. When I resisted this, he interpreted it as my obsessional defence against him, and I did feel he was "smothering me and I had to fight back". He made me feel I was bent on getting my own way, but in fact a patient may know what his own problem is, and deep down always does, better than the analyst approaching it with a theory. Fairbairn had said that Glover said "All interpretations are felt as either rape or attack. To you they are both: interference."

In fact that is what they were at this stage, interferences with my need to develop my own deeper problem. I had to "pigeonhole them to think about them in my own time", because they were interferences with what was really going on in me. But it created a mental deadlock in sessions that was paralyzing. His interpretations were always categorical. I now hold the view that they should be hypothetical, to be tested by the patient's reaction, not based on the assumption that the analyst must be right. No wonder I began S.816, Sept. 13 by saying: "I feel latently basically angry, depressed, disillusioned."

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I added: "I find I'm feeling little things as intrusions on my personality; only when I'm alone can I be free from other folk's pressures on me."

That was exactly the situation of the small boy in the group of adults. The only experiences open to me were being ignored or being interfered with. The latter was bad, but the former was worse; so I had to keep the interference.

It recurred in another form when I said: "I feel the Professor wants to put pressure on me to end long-term patients and see more people. I'll be criticized for not helping the waiting list, so I offered him a statistical analysis of my total number of patients and results."

Fairbairn's comment was: "Justifying yourself. Sucking up to a father-figure".

Frankly I feel that was an ill-advised comment, not an interpretation but a

criticism. My feeling about it was reflected in a dream, in S.817. Sept. 14.

Dr.680. "I was in a car with a driver, crossing the road to go up a side turning. Another car approaching us was bent on forcing his way ahead and compelling us to wait, and we had to give way to avoid a clash."

I had come to feel that was how Fairbairn was analysing me, bent on forcing his interpretations on me, but not sensitive to whether I felt they really applied and expecting me to give way and accept that he was right. I am pretty sure that if I had had a strictly orthodox Classic Freudian analyst, I would have frankly refused to accept his views and ended the analysis. But I believed Fairbairn to be progressive, as indeed he was on the fundamental philosophical concepts. I was confused because I did not then see clearly enough that he was in fact, as all thinkers must be, rooted in his own era, so far as the 'clinical interpretations' were concerned, and was quite strictly Freudian in his practical interpretations. In S.817, Sept.14 I began by saying:

"I'm in an unhappy angry mood, feeling out of tune with my world."

Fairbairn observed: "It's the world of childhood, pre-seven". It was. "Not the the second shop period when life opened out for me, but the first shop, pre-seven. But also I feel angry with you for saying last night that I was sucking up to a father-figure; and I need you to accept my anger. If you can't accept my anger, you can't accept me and I'm isolated. That is what happened with mother and later I found we had no relationship!"

In the afternoon session 818, that day, he began by saying: "That car dream is you feeling that I interfere with you. My interpretations are me forcing my will on you."

I felt relieved at his saying that. Apart from the ultimate problem, which in clear form I could picture but needed him explicitly to see and interpret, I realized that he was personally sensitive to what I was really feeling.

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That week-end my wife said: "I'll be glad when you've finished at Edinburgh
We do live a most unnatural life."

That was what I had often felt but it was the first time for over six years
she had said so. But for her understanding support I could not have continued
as long as I had done, but she understood both my analysis and my work; and in
fact typed all my books in MSS for me, since I wrote most of my articles and
research in the train to and from Edinburgh. There was no time at home to write.
The next week, we both motored to Edinburgh and spent two days at St. Mary's

Loch on the way home. In S.819, Sept.20, I said: "There's a change in my nose
symptom. Since the last septic flare up in Paris, I've had none of the old
deep blocking inside the left sinus, but some catarrh in the day time.
It seems more active than blocked, running."

Fairbairn interpreted: "It's time to reaffirm the interpretation that you re-
enact your life-long situation of being shut up in mother's world in
your sinuses. But you're mildly depressed all the time."

I would think that applied more to the deep sinus septic blockage inside, than
to this slight catarrhal daytime nose-running, a displacement it seems to me of
mouth-watering, of hunger for some response from mother which never came. At
least this was a return to a Libidinal Ego reaction to mother as the Exciting
Object whom this unsatisfying (to use Fairbairn endopsychic structural analysis
terms), an attempt to escape from the hopelessness of being merely ignored.

Sx20. In S.820 it occurred to me that "my sleep problem, which transiently recurs,
might be related to identifying sleep with lying supposedly dying on
mother's lap after Percy died."

Fairbairn reverted to my slightly running nose and said: "Nasal congestion in
the daytime, at work, is your guilt over a competitive relation to me,
i.e. to father. Patient's put the analyst on a pedestal, idealize him;
it's not bad for them to realize the analyst can have problems."

I tried to make this 'competing with father' idea convincing, by speculating
about whether I really wanted to compete with Bertrem Smith at Salem but it
didn't convince me. Moreover I did not feel my nose was 'congested inside',
but rather displaced 'hunger' for something I needed and didn't get. Competing
with father was an idea that never carried much conviction with me. Competing
with mother to break her ascendancy always felt more real. Fairbairn even
used the 'competing with father' idea to bring me back to a 'masked incest
wish'. I did my best to co-operate and spent the next ensuing sessions going

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back over my life, the teenage years, College years, Ipswich, Salem, looking for signs of Oedipal jealousies, castration fears, father-rivalries. These sessions, as I read the notes now, simply do not come alive; they seem formal and unreal. I was trying to make use of Fairbairn's current line of interpretation, and losing touch with my real deep down problem; using formalistic analysis as a defence against bringing up a very deep problem that I could not get recognised. No series of sessions throughout my whole analysis so far, had seems so dull and repetitive, so lacking in any sense of 'new development'. The phrase 'Oedipal situations' constantly recurring over historical events in my life that we had exhaustively discussed long before, becomes boring. I was really bogged down in a 'Classic Oedipal Analysis' albeit in Object-Relations terms, not instincts: but they were all 'Oedipal Object-Relations' which were clearly the limit of Fairbairn's clinical and therapeutic theory and insight. What had been the use of the whole previous six years analysis, if I was still having to have exactly the same themes analysed in exactly the same old terms?

In S.832, Oct.19, twelve sessions after the last session here quoted (S.820¹ Spet.20) I was still writing: "When I can face the Oedipal situation re both father and mother, and its guilt, shall I lose the sinus symptom permanently?"

What had we been analysing these last six years? It would seem that I had given up hope of my deep schizoid level being understood, and I could only co-operate in a dull repetitive working over of all the things we had already analyzed, as a defence to keep the real basic anxiety at bay. By S.836, Nov.1, I said: "I go home every week hoping I've got on a step and then feel pessimistic. I'm definitely better than I would have been by now, if I hadn't had an analysis, but I feel disillusioned. Psychoanalysis turns out to lead only to very small gains. I've gained a lot of insight for professional and research aims, but not enough personal gain to justify 7 years time, money and disruption of domestic and social life."

I reported Dr.683. "My wife and I and another woman went to meet mother, and had to wait in fields. I went through a hedge and saw mother coming up a further field, leaning on the arm of another woman, possibly Aunt Jinny. They'd got there first and hadn't waited for us but gone for a walk. I called out 'Here they are', but we didn't seem to meet them."

I said "They are all women, there's no man there".

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Fairbairn interpreted: "This having 'no men there' is suspicious. Mother set you to rival a father and that created great anxiety because you were only a child and feel inadequate. Probably you felt you couldn't be equal to expounding my views clearly. Mother excluded father and shut you up to herself, just the mother and son situation. You don't want him or me to break in and to have a rival. Dr. Glover said a patient lost symptoms when he dreamed of father and mother having intercourse and he didn't mind."

Fairbairn here seems to me to make a number of gratuitous assumptions of things I did not feel in any sense real to me. He stated that he was "suspicious of regression beyond the Oedipus level" and that I think was exactly the fact. He resisted penetrating deeper than Oedipal phenomena. The conspicuous thing in the dream is that mother took no notice of me, but went off with the other woman. It is certain that Mary always meant far more to her than I did. Mary was her alter ego, who 'carried' the 'passive feminine' role mother rejected but felt the need of. She would rather I had died than Mary, for certain.

This dream again is one where I feel Fairbairn ignored the obvious thing in it which his theory did not allow for, and forced on it an irrelevant meaning. It feels to me that Fairbairn's 'suspicion of regression beyond the Oedipal level' is what is 'suspicious'. I tried to use his interpretation but when I said: "Mother made me feel father disappointed her and turned to me to make up to her for what father didn't give", I felt that was in fact quite untrue.

The fact was that mother couldn't bear an adult rival in any situation, either men or women. She had to be the leading figure. I was only a child to be used not a rival. I have come to think that a doctrinaire use of the Oedipal model results in forcing on patient's ideas that are true of some patients but by no means of all, and so confuses them. There are an enormous number of subtle variations of the Oedipal, mother-father-child pattern, which are certainly not true of all patients. Fairbairn's conviction that his Oedipal interpretations must be right never wavered during my analysis, though he came to accept later that there are patients whose problems are pre-Oedipal and who do not conform to the orthodox expectations. Fairbairn's interpretations led me to speculate that I must have felt a lot of things about many people in my past life that I

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am sure I did not really feel, and furthermore in analysis it led nowhere.

This was the most static period I had experienced since I started. So long as my basic infantile self faced a mother who failed to make any relationship, i.e. so long as that problem was not interpreted and growth out of it in a therapeutic relation promoted, I would have to keep returning to Oedipal internal bad-object relations to escape being left with none, their repeated analyses could not rid me of them but rather only served to keep them alive. In S.842, Nov.15 I referred to a slight return of sinus congestion which cleared and changed into a strikingly different 'conversion symptom', a feeling that my left sinus was a big empty cavity. It reminded me of having had, I think, a fantasy some time earlier of having no genitals, and also of having felt recently that there was an empty space in my rectum; these were cavities where there ought to be something, and this lent itself to interpretation as 'a need for passive sexual relation with mother'. I have no doubt now that the real significance was quite different. The empty place represented my basic lack of definite Ego-experience. The rectum was now seen not as place full of faeces where mother had to put in suppositories; but an emptiness inside me, the lack of a basic Ego-sense. In

S.843, Nov.16 I did say: "I have to accept the fact that I had no relationship at all with mother apart from the bodily ones. That is the point I feel of that 'empty cavity' feeling. If I give up the bodily relations, all bad ones, I literally have nothing and so have to go back to the beatings, bodily interferences by mother, operations, the spray and so on."

Fairbairn still failed to see the significance of that 'no relation at all with mother', and thus by failing himself to relate to me on that level, to see the 'me' that felt quite isolated, he kept pushing me back into the bad relations, the continued interpretation of which helped me to keep them going as a defence against falling into that deep experience of isolation where he failed to find me. In S. 850, Nov. 30 I had Dr.690. Dreams had become infrequent, only 7 in

November. Dr.690. "My wife and I were walking and turned off into a field where we made love. In the distance I saw mother with an active boy of 10-12 who was darting off away from her, exploring anything interesting."

Here is my adult self with my wife, while at a distance (in my unconscious) is the prepuberty boy working hard to gain independence of mother; the dream is

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however more remarkable for what it leaves out, the tiny child, far deeper down in my unconscious, who can't get any relation with mother at all.

Fairbairn commented: "You and your wife represent the primal scene, and the boy mustn't be allowed to see that. The primal scene is the inhibiting thing."

That interpretation produced no reaction in me. In the last session before Xmas, S. 856, Dec. 14, I decided to cut down sessions, and we arranged that I should come once a month in the new year. After the intense stirring of the period from September 1954 to July 1955, the 44 sessions of this period from Sept. to Dec. 1955 were, so far as my notes reveal, the duller of my whole analysis, and clearly felt it was time that I began to phase it out. I had tried hard to get my deepest problem, that of mother's failure to relate to me as a mother in the pre-Percy period, recognized; my amnesia for his death and my illness, I believe so near to being broken up in the analytic year prior to this last three months, had been entirely lost sight of in Fairbairn's persistent sexual Oedipal theoretical interpretations; and as I survey the sessions of this period I feel they were formal, theoretical, repetitious, and really got nowhere. I must have realized that I had probably got all the help analytically I could get from Fairbairn, and we were simply marking time on the same spot with no further real progress. Before resumption in January, I wrote to him on some matters of theory, but it is relevant that the first was to clarify "your view that the Oedipus situation, though not central for theory is central for psychotherapy." I had evidently come to the conclusion that my analysis was stuck fast in that situation, and I would get no further.



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(21) January 10 to December 19, 1956. S. 859 - 898. (38 sessions)..

Clearly my enthusiasm and sense of purpose in my analysis had waned very markedly in the last period of sessions in 1955. It seemed stalemate, though I felt there was more to do and held on for some considerable time with greatly decreased sessions, in hope of a breakthrough. Yet I must have sensed rather than clearly understood that I had got as far as I could with Fairbairn. I had made real gains, and without his Oedipal analysis I would not have come to understand the position I had now more than begun to formulate for myself. But I could not go ^{on} with the dull repetitious sessions of the previous Sept. to Dec, which lacked drive and purpose, and included no 'big dreams' (quite unlike my final dream sequence of 1971). After Xmas I had made a serious attempt to clarify just where Fairbairn and myself were theoretically, for I felt that a real divergence had developed. I wrote him a five page typed letter, saying that I wanted to "clarify two theoretical views ~~you have~~ recently put forward. The first is that a month or two ago you mentioned that ~~is~~ 'the Oedipus situation, though not central for theory, is central for psychotherapy'. I gathered that this was a relatively new conviction you had recently arrived at, and that it paves the way for avoiding regression under analysis".

I am surprised now that I saw so clearly just where Fairbairn stood. He was deliberately keeping me to Oedipal interpretations to prevent my 'regressing' to the much deeper problem he had seen emerging repeatedly. Clearly I was not able to accept that and hence the total stalemate of the last three months.

I continued my letter thus: "I did not feel sure about this avoiding regression. I have a patient now who suffered extreme maternal deprivation and whose analysis I cannot keep on an Oedipal level. She and three other patients cannot help regressing to a need for 'mothering' in treatment to grow out of it, and take up the Oedipal level problems. The other three have done this successfully, and I am finding that attempts at interpretation on the Oedipal level are not succeeding in sparing patients and myself the difficulties of a phase of regression to extreme helplessness and dependence, evincing an urgent need for something fundamental and necessary that they never had. However, I do not feel this is conclusive and I would be glad to find a way of avoiding regressions, for once ~~patients regress~~ ~~for once a patient regresses~~ they become more difficult to handle and the treatment much longer. Yet I am encouraged by the fact that the three patients I mentioned succeeded in outgrowing their regression quite definitely in two years, and are now in the thick of the typical triangular problems of the Oedipal level and struggling vigorously ~~towards~~ towards solutions. In the case of the other patient, we were



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3 - 1 - 56.

Dear Fairbairn,

There are two matters of theory I feel it necessary to get clear about, and as decreased session time will give me no chance of raising them when I see you, I would like to set them out by letter. Two views you recently put forward seem to me of outstanding clinical importance and together have done more than anything else to systematize for me a mass of insights into something like an intelligible whole.

The first one you mentioned a month or two ago and I want to make sure I know what you intended. It was that the Oedipus situation, though not central for theory, is central for psychotherapy. I gathered that this was a relatively new conviction you had recently arrived at, and observation of my own patients since makes me feel that it paves the way for understanding and possibly (at least in some cases) avoiding regression under analysis. I do not feel sure about this as I have a patient now who suffered extreme maternal deprivation, and whose analysis I cannot keep on an Oedipal level. As with the three other patients who have presented me with this problem, it appears to me that she cannot help regressing to a need for a 'mothering' situation in treatment in order to grow out of it to take up problems on the Oedipal level. The other three have all done this successfully and I am so far finding that attempts at interpretation on the Oedipal level are not succeeding in sparing this patient and myself the difficulties of a phase of regression to extreme helplessness and dependence, where she evinces an urgent need for something fundamental and necessary that she has never had. However, I do not feel this is conclusive and I would be glad to find out if possible a way to avoid regression, for, once a patient regresses, treatment not only becomes much more difficult to handle, but takes on the prospect of becoming indefinitely longer. Once they go back to infancy it takes a long time for them to grow up again, though I am encouraged by the fact that the three patients I mentioned succeeded in outgrowing their regression quite definitely in about two years, and are now very much in the thick of the typical triangular problems of the Oedipal level and are struggling more vigorously towards solutions.

In the case of D. Colbeck we were clearly analysing an Oedipal situation before she began to regress. One of her dreams was of rushing out of the bedroom where mother was and getting into bed with her father in another room, a dream founded on an actual incident. Yet she regressed for a long time before

I think that was Fairbairn's aim.

D.C. faced 'in the way' up!



2.

she could take up that problem again. Why was this? (1) It might have been because I was not then sufficiently skilled in analysing Oedipal problems. (2) Did I contribute to her regression because I was then guided by your view, as I understood it, that the Oedipal situation was a later version of the early good and bad object split, and one had to go back behind the Oedipal stage to the original internalization of bad objects to find the basic cause of neurosis. Thus I was perhaps bent on resolving the Oedipal situation into the earlier oral one and guided the patient into a regression. On the other hand her genitality was remarkably 'oral' as you remark of hysterics in general, and I would like to know more about the relation between oral and Schizoid phenomena, and the Oedipus problem as central for therapy. It is, I suppose, the problem of the transition from a two-person to a three-person situation. (3) A third possibility seems to me to be that the patient took flight from the terrifying sado-masochistic ~~sexual~~ genital level, especially in transference, owing to a deep-seated ego-weakness due to maternal deprivation in the oral stage. She could not face the negative transference therefore until she had got from me some belated substitute for mothering to give her security, and make her sure enough of me as a good object to be confident enough to face her hate-transference onto me from the needed sadistic father.

Am I right in thinking that, on your lately expressed view, you feel that the pre-Oedipal phenomena are gathered up into the Oedipal situation and consolidated there, thus all becoming parts and aspects of the 'triangular jealousy and competitiveness' patterns that can be lived out thereafter in such a variety of ways. If the material presented is analyzed that way, is regression avoidable, or does it depend on the patient's degree of ego strength, or is Winnicott right that, in a bad environment, the infant 'freezes' the 'true' (or natural) self in favour of a safety-first adaptation, and the patient may have to regress to that level to pick up the possibility of development again (along with his distinction between psycho-analysis of Oedipal problems and management of the patient in regression.)?

Your second observation, made shortly before Xmas., was that homosexuality is a reaction to the primal scene of a kind that splits apart the element of pleasurable excitement and satisfaction on the one hand, and sadism and horror on the other, leaving the horror to the disowned heterosexual genital relationship and transferring the pleasurable excitement to the homosexual one. This insight has produced for me a very rapid clarification of a multitude of matters, chiefly through one particular case I am now treating, (the man from



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the Latvian island who probably suffered primal scene traumata as a child by seeing lovers in the maids bedroom). This too I understand you felt was new. Certainly I haven't seen the idea anywhere in the literature I have perused. This patient's reaction are much more varied than that, with homosexuality as a repressed factor, but your idea provides a key for their unravelling. So far as I can see what happened in his case was series of moves somewhat as follows:-

1. The Primal Scene, (whether re parents or the maid and lovers or a fusion of both). His impression of what he saw, interpreted in the medium of his own rage and fear certainly made him see this as violently sado-masochistic. This became fixed in his mind by utilizing a cover memory of two farmers castrating a horribly squealing pig, and thrusting the neck of a bottle of antiseptic into the wound. (Confirmed by his sister who saw it with him when they were children of 4-5 and she 8. In a recent dream the primal scene returned as a frightful fight between two horses, a male horse slashing and stabbing a female horse with a knife while the female horse went on struggling and suffering. He also dreamed of himself stamping on the face of a woman lying down, presumably an identification of himself with the father or sadistic male which made his male sexuality sadistic. He says that he was normally potent in marriage until, under analysis, this repressed aggressive version of the heterosexual relationship began to draw near to consciousness. Then he began to lose interest in sexual relationships.

2. The Oedipus situation was perhaps the next move, designed I would think to displace his aggression from his mother to his father as rival. He had 2 or 3 dreams of making love to a married woman in bed but anxiously because her husband was somewhere in the house and might catch them.

3. The Homosexual Defence. He certainly developed very severe guilt over everything sexual which he hid inside in phantasy and masturbation. The guilt never ceased all through childhood into adult life to be highly conscious. He had come to interpret it in terms of his mother's conventional morality and shocked attitude to the subject, the guilt being quite unrelated for him in any conscious way to aggression and sadistic sexuality. He felt that sex per se was immoral. But he completely repressed all early memories of his mother, while remembering his father quite clearly as affectionate and demonstrative. He would run excitedly to him and clasp his arms round his father's leg, and his father would hide him inside his overcoat and caress him. At the beginning of his analysis homosexual dreams were frequent. He had always reacted with tense excitement on going to a doctor, and did so on coming to me. He always



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hurried past me out of the room looking very self-conscious, though he liked to come. He used to urge me to do something to relieve him and once went to a masseur because I didn't. Once as a boy an older school friend wrestled with him and forced him on the ground and masturbated him and he gave up the struggle and enjoyed it. He had one dream of my forcing HS intercourse on him while he felt pleasurably excited. While the repressed HT/S relationship was characterized by sadistic libido, this HS relationship was characterized by feminine non-sadistic and non-masochistic libido. That I take it is the point you made. But he was evidently unable to rest in that position.

4. Sadistic Homosexuality. He could not separate for long the aggression and the pleasure in his sexuality which was made sado-masochistic by the tie to the primal scene. Where the pleasure went, it seemed to draw the aggression after it, so that his homosexual phantasies turned sadistic. He has watched street fights between men with tense excitement, and feels the same frightened fascination in watching T.V. boxing and sports contests. One of his early dreams in analysis was of lying prone like a woman while a man attacked him with a cutlass. He had frightening dreams of penises like rats heads, and one dream of being a little boy lying naked on top of me, feeling comforted and secure but full of apprehension lest my penis should erect. Here is his comforting ~~masochistic~~ homosexuality in the very process of turning into sadistic homosexuality. Once he dreamed of my protecting him against a dangerous evil man. This sadistic homosexuality I take it is a drop back into the primal HT/S scene in which he is now identified with the suffering mother-figure, i.e. identified with the object also of his own aggression.

5. Regression. Thus he could find to peace, no escape from sadism and aggression, in genital positions whether HT/S or H/S. He therefore now repressed both a sado-masochistic HT/S and a sado-masochistic H/S at the genital level and split apart the horror and the pleasure in another way. He left the horror to the genital sexuality both HT/S and H/S, returned to a woman but regressed to find the pleasure and comfort and satisfaction of libidinal needs in oral desire for the breast and soothing body-contacts in general: back to the pre-genital mother. It was in that sexual position that in fact he began his adolescent relations with girls. One girl said to him: "I like going with you, you don't do anything below the belt." Under analysis his flight from the fear of a sado-masochistic H/S relation to me, and from the fear of sadism emerging in his HT/S relation to his wife, took the form of phantasies of giving up his business and all adult responsibility, with a magical legacy, and retiring to a small comfortable hotel in the lakes. His phantasies of women were never of intercourse.



5.

6. Progression under Analysis. Having worked through a great deal of material characteristic of these previous positions, he recently dreamed of seeing a beautiful black woman and going to her and putting his hands on her breasts. She said "Its not done like that in our country. We don't waste time on those preliminaries, its the vagina that matters. He went to put his hand between her legs and the dream faded out. She was also 'black'. The genital woman arouses 'bad', sadistic sexuality but he is coming round to facing this problem. Has as yet shown no sign of the usual split libido problem of being sexual with a bad woman and affectionate with a good one, but this dream seems to contain the possibility of that development.

From this it appears that your suggestion of the separation of aggression and pleasurable satisfaction and their distribution between HI/S and H/S, as an attempt to solve the problem of 'sadistic primal scene sexuality', is the first stage, or rather a series of early stages, of ~~development~~ what later develops into the usual split libido problem in which all sexuality remains sadistic and bad and is split off from tenderness and affection. When defusion of sadism cannot be maintained, then I suppose the possibilities that remain open are (1) the repression of active sexuality with its discharge in masochistic hysteric physical symptoms, or (2) a flight into schizoid detachment with 'sublimation' of sadism into obsessional organizing and duty-doing or into intellectuality, or (3) the expression of sadistic sexuality with despised women while a sexless affection is given to the real love-object, the mothering wife who is an 'ideal object' to the Central Ego. But before that is resorted to, attempts are made to split sexuality itself into sadistic and non-sadistic forms and distribute them between HI/S and H/S relationships, or again between genital and oral relationships.

Thus the problem of sexuality seems to amount to this: A physical need or appetite such as hunger or sex will become the medium for expressing whatever emotion one is feeling, particularly unconscious emotion. One can eat in fear, in anger (biting and gulping down) or in love with pleasure and satisfaction. Especially in eating with another person the way one eats may well express what one is feeling about that person. So with sexual relations. Genital sexuality in itself is simply the biological reproductive urge, and in an undisturbed person early fused with tenderness as a means of expressing love. But because it so essentially concerns intimate personal relationship, it focuses emotions more than any other bodily function, and can express either fear, anger or love. Evidently once anger fuses with sexuality in infancy, defusion is so difficult that it tends to become a lifelong problem engulfing the whole personality.

to become a lifelong problem engulfing the whole personality.

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clearly analyzing an Oedipal situation before she began to regress. But as you say of hysterics in general, her genitality was remarkably oral, and I would like to understand more about the relations of oral and schizoid phenomena, and the problem of the Oedipal situation as central for therapy, the problem of the transition from two-person to three-person relationships, and the problem of a deep seated ego-weakness due to maternal deprivation in the oral stage. Am I right in thinking that you feel the pre-Oedipal phenomena are gathered up in and consolidated in the Oedipal situation, thus all becoming parts and aspects of the 'triangular jealousy and competitiveness' patterns that can be lived out thereafter in such a variety of ways. If Oedipal material is analyzed, is regression avoidable, or does it depend on the patient's degree of ego-strength; or is Winnicott right, that in a bad environment, the infant 'freezes' the 'true' (or natural) self in favour of a safety first position, and the patient may have to regress to that level to pick up the possibility of development again (along with Winnicott's distinction between psychoanalysis for Oedipal problems and management for the patient in regression.)"

The rest of the letter concerned the analysis of various aspects of pathological sexuality, and belong to Oedipal analysis. It was the first part, somewhat shortened above, that was so important. It leaves me in no doubt now that I had come to a definite conclusion that Fairbairn was deliberately keeping me to 'Oedipal interpretations' in order to prevent my 'regressing' (he had mentioned 'therapeutic regression' once, before Xmas); that whatever regression meant (and it does not mean the same thing for every patient) he was not prepared to risk it with me. Once later on I went back to the couch and lay down and said "I need to regress to get at something", and he became very agitated and said "Regression is terrible"; so I got up and went back to the chair, and knew that whatever was involved I would never solve it with him. It is only fair to say that at that time his health was failing to a degree that I was not aware of, and that in fact, ever since his wife's death, he had been under strain healthwise, and none can go on being creative for ever. He had once, when younger, treated with complete success a patient from abroad who became completely regressed and ill and unable to leave her hotel and he went there to conduct her sessions. She got completely well in time, and able to return to her own country without relapse. I would think that at that earlier date he had not become afraid of regression, was far physically fitter to stand strains, and had not begun to analyze Oedipal phenomena in such a way as to prevent regressions. I raised this problem for him, in part because my problem

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included an amnesia for an illness in which I was thought to be dying at the age of 3 $\frac{1}{2}$. He would be justified in fearing that if he abetted my regression I might become as ill as that again for a time, and involve him in something he could not, in his then state of health cope with. I had no such fears of that myself. I felt I had enough understanding of the situation (in a way I did not have when I had the three months 'regressive illness' at Salem) to be capable of letting myself regress enough to bring it into analysis and yet at the same time not allow it to break me down into helplessness. I did that in the period before Xmas 1954, "feeling as ill as I could let myself be consistent with keeping going at work and in analysis". But this whole problem was not very well understood at that time. Winnicott had written of having to treat regressed patients by 'Management'; what did that mean. He treated one female patient who became regressed and bedridden, by putting in a nurse with instructions to nurse her 'as if she were a pneumonia patient' while Winnicott 'mothered her' by doing her shopping for food. She got better. Those were experimental days. Regression and its treatment was under exploration. I have little doubt that the one insight that was missing was Bion's much later formulation that "patients regress, not for satisfactions but for recognition". I have little doubt that if Fairbairn had understood that my problem was the depersonalizing effect on me of a mother who failed to 'recognize 'me as' a person in my own right" (Fairbairn's own term), and that I only fell ill when Percy died because of mother's failure to see 'me' ~~as~~ ^{as} 'really me'; that the reason why his letter to me in June 1955 was so valuable ^{was} because it expressed exactly the fact that he did see and feel about me as a 'real person'; and that all that was needed was the explicit interpretation of just that in my analysis the one thing that would have made 'real' for me, what he had himself said, that it is the ^{'personal} ~~relationship~~ relationship, the quality of it, that is therapeutic and not 'analysis'; that would have liberated me from the dangerous 'repetition-compulsion' of the illness, and started my basic unevoked 'real self' growing.

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However, all this is still very much at the stage of experimental exploration and conceptualization even today, and many analysts still do not realize the importance of the exploratory work of Winnicott and Balint, and I suspect that the majority of analysts are still sticking to Oedipal analysis; ~~and~~ it is mainly those analysts who have tackled the severe strains of treating borderline and psychotic patients who have been exploring this area. I was forced to do so, because I had some very ill borderline cases, and some severe hysterics who were not far from it, and some extremely schizoid patients; and I simply had to explore in this region, both for my own sake and for theirs. Thus, I had to decide to phase out my analysis with Fairbairn, though I did it gradually, and kept touch with him. I finally concluded that I had had a good Oedipal analysis with him, but was having ^{to} 'conceptualize intellectually' the problems in myself and my patients that I could not get dealt with in analysis with him. That I did, in my research which led to the writing of 'Schizoid Phenomena, Object-Relations and The Self', with the help of another shorter analysis with Winnicott. It is only now, when at last I have the leisure to study the sessions notes I kept so long ago, that I have obtained a quite clear understanding of exactly what happened in that analysis with Fairbairn. It remains now to survey its closing stages. In spite of my long letter, to which Fairbairn this time did not reply (it probably raised too difficult questions for him to commit himself about), I resumed on Jan. 10.8.59, very much where I had left off in December. I said:

"I have come to see that the core of neurosis in me is the fusion of sexual need for, and aggression and hate against, mother, sadism at the genital stage, which gets turned into psychosomatic symptoms." In fact that would summarize everyone's 'Oedipal inner world' and exactly what Fairbairn was keeping me to. Still keeping to my internal bad-objects world, no doubt knowing that I could not get Fairbairn to analyze deeper, I said: "The real hate is of the parent one needs most, mother; and the real fear is of injuring her by one's sadistic sexual hate; and rivalry with father is a secondary thing, a means of directing sadism away from mother". Fairbairn was no doubt in full agreement, but I was *talking in the third person.*