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The Psychoanalysis of Theology and Philosophy

The Dialectic Tension within Western Theology: Calvinism and Revivalism

Historical Theology in Europe and England

THE history of theology in the western tradition since the Reformation also reflects the parallel traditions of the *classical* and *romantic* philosophical viewpoints as was discussed in regards to psychoanalysis.

<i>Classical</i>	<i>Romantic</i>
Orthodox Rationalism	Pietism

On the *classical* side is the tradition of *Orthodox Rationalism* which is characterized by a cognitively biased emphasis on the correctness of doctrine and systems of belief. On the *romantic* side are what have been called the *Pietists*, those who say to “know about God” in merely an intellectual fashion is inadequate to a life of faith that requires one to “know God” in a personal, existential, and subjective sense. While the *Orthodox Rationalists* through the centuries insisted on maintaining adherence to the orthodox or approved body of teaching, the *Pietists* insisted on practicing a devotional life of prayer and meditative reflection that at a certain point, and within certain circles, entered into mystical experience. Over the centuries from the 1500s on, each vision would vie for control over the departments of theology and philosophy of the major universities of Europe (which were not as bifurcated as they are today in the “secularized” twentieth century).

Psychoanalytic Critique of Theology: The Classical Psychoanalytic Spectrum

There has been a movement within psychoanalysis in the last three decades that holds the tension between validating a patient's "healthy religiosity" while attempting to distinguish it from psychopathology. A foray into this arena is represented by a number of articles contained in the volume, *Psychotherapy of the Religious Patient*.¹ The clinical challenge that is reflected in these writings is the movement from the classical position that religion and faith is neurotic per se, to that of encountering patients "whose religious beliefs and practices are deeply enmeshed in their core psychological and interpersonal conflicts."² In essence this viewpoint reflects a *dimensional* approach to personality theory and psychopathology, rather than the *categorical*.³ The categorical way of thinking is best represented by the medical model thinking of the DSM series of the American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders*.⁴ This is an *either/or* style of thinking where a patient is either ill or well, and the diagnostic system uses a decision tree methodology to determine which "box" or category the patient best fits. While acknowledging the capacity to have a *dual diagnosis*, the mentality is Cartesian, reductionistic, and *classical*.

The dimensional approach sees personality, and therefore psychopathology, on a spectrum, where one condition blends into another, and the mixture of colors is theoretically infinite, although characteristic hues and shades do exist. The psychopathology of a given person is seen as a manifestation of one's healthy personality, a kind of distortion or twisting of what is normal.⁵ Therefore, the blending together of creativity and destructiveness, substance and shadow, is the normal dilemma of human existential being. This *romantic* approach is much messier than the Cartesian-classical one, as most artists in the midst of a creative moment could attest; yet it is not without order.

¹ Moshe Halevi Spero, ed., *Psychotherapy of the Religious Patient* (New York: Aronson, 1996).

² *Ibid.*, 5.

³ Barbara Engler, *Personality Theories* (Boston: Houghton Mifflin, 1993).

⁴ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington, DC: APA Press, 1994).

⁵ John Oldham and Lois Morris, *The New Personality Self-Portrait* (New York: Bantam, 1995).

Psychoanalysis has historically embraced both models, depending upon the theorist or even upon “which Freud” that one is reading, the “riding two horses” that Guntrip pointed out above. The classic *categories* of *obsessive-compulsive* and *hysteria* can be seen as such a spectrum, and have been represented as such by non-psychoanalytic personality researchers, including, ironically, one of Guntrip’s polemical opponents, the behaviorist, Hans Eysenck.⁶

Obsessive Compulsive	Hysteria
Classic	Romantic

Obsessiveness and the Classical

As discussed above, the respective psychoanalytic visions reflect a propensity toward a “shadow self” that errs towards certain characteristics. The stoic and autonomous *classic* vision often reflects a way of being in the world that borders on, if not resides in the area of the *obsessive* and the *compulsive*. Laplanche and Pontalis define obsessional thinking and compulsive behaving according to the traditional categories. *Obsessional neurosis* is

identified by Freud [as] constituting one of the major frames of reference of clinical psycho-analytic practice. . . . The psychological conflict is expressed through symptoms which are described as compulsive-obsessive ideas, compulsions towards undesirable acts, struggles against these thoughts and tendencies, exorcistic rituals, etc. and through a mode of thinking which is characterized in particular by rumination, doubt and scruples, and which leads to inhibitions of thought and action.⁷

The basic mechanism employed is the displacement of the affect onto ideas. The old cliché for this is: *Obsessives don’t want to feel*. The condition reflects a “cruel superego” where hostility is turned inward in a masochistic fashion, reflecting the classical developmental analogy of *anal retentive*. The utilization of “reaction-formations” as defenses where the person does the opposite of what they really feel emphasizes the ego-dystonic nature of their own emotions, particularly those of the aggressive variety. Over time, the theoretical development within psychoanalysis was a movement

⁶ Christopher F. Monte, *Beneath the Mask: An Introduction to Theories of Personality*, 4th ed. (New York: Holt, Rinehart & Winston, 1991) 809–10.

⁷ J. Laplanche and J.-B. Pontalis, *The Language of Psychoanalysis* (New York: Norton, 1967) 281.

from focusing on this as a symptomatic condition to that of a personality structure.⁸

The classic description of this character style fits well with the stoic management of “the irrational id forces” characteristic of the *classical* psychoanalytic vision.

Hysteria and the Romantic

On the other side of the spectrum are the *hysterics*, traditionally a “class of neuroses presenting a great diversity of clinical pictures,” principal of which are *conversion hysteria* and *anxiety hysteria*. In the former, psychic conflict is expressed through somatic symptomatology such as “emotional crises accompanied by theatricality or more long lasting anaesthesias, hysterical paralyses, ‘lumps in the throat’, etc.” In the latter, “the anxiety is attached in more or less stable fashion to a specific external object” such as in the phobias. The major mechanism and defense is the traditional *repression*, where unwelcome psychic knowledge must be kept out of conscious awareness, and thereby is repressed and displaced onto the above symptomatology. The psychoanalytic cliché is: *Hysterics don’t want to know*.⁹

“Following Freud, psychoanalysts have consistently looked upon hysterical neurosis and obsessional neurosis as the two major divisions of the field of the neuroses,” hence our spectrum of psychopathology. The *romantic* tradition would find its shadow self in the hysteric camp, with its affectively felt embrace of human potential, at a certain point, fending off knowledge of one’s own human capriciousness and ego-centric destructiveness.¹⁰ Each vision’s strength ultimately becomes its own weakness, and each is the alter-ego to the other.

The Psychopathology of Theology: Obsessive-Compulsivism and Hysteria

In the sphere of religion, there are also theologies that reflect this spectrum and range of psychological predispositions. Each has a “character” that drives its particular orthodoxy and practice.

⁸ *Ibid.*, 281–82.

⁹ *Ibid.*, 194.

¹⁰ *Ibid.*, 195.

Obsessive Compulsive	Hysteria
Orthodox Rationalism	Pietism
Calvinism	Revivalism
Fundamentalism	Pentecostalism

Obsessional Theology

As noted above, the tradition of Orthodox Rationalism champions “right thinking,” finds its theological security in the coherency of well ordered doctrines, and ultimately banishes anything from its orthodoxy that smacks of “irrationality” such as the miraculous and mystical. This shadow side is the obsessive compulsive religion critiqued by Freud and others. The history of the tradition has its various incarnations such as English Calvinism (to be detailed below) and American Calvinism, with its twentieth century version best know as Fundamentalism. All share this particular psychological bent toward a “cognitive Christianity” with its propensity toward obsessional *theopathology*.

Hysterical Theology

The tradition of *Pietism* initially reflected a “quietism” and devotional subjectivity, and found its hysterical manifestation in the cyclical periodicity of revivalism and its rejection of orthodox rationalism’s intellectually detached form of faith. The renewal and revival movements in Guntrip’s England, which will also be detailed below, manifest profoundly in the Wesleyan Methodism of Donald Winnicott’s heritage, and were the counterpoint to the Calvinism of Ronald Fairbairn. The American incarnation of the twentieth century is the Pentecostalism of miraculous “signs and wonders” and the ecstatic spirituality of “speaking with other tongues.” The hysterical qualities are highly visible in this latter example.

Theopathology

Guntrip himself critiqued theology that is reductionistic and prejudiced toward psychotherapy (as Freud was toward religion). In his response to Professor J. C. McKensie’s article “Limitations of Psychotherapy” in the *British Weekly* of March 6, 1958, he critiques McKensie’s “seriously erroneous description of psychotherapy” as unable to “supply the love the patient needs,” where “all that the psychotherapist can do is to lay bare what is hindering (the patient’s) needs from being fulfilled,” . . . and “to help the patient repress the guilt.” Guntrip challenges this as a theological reduc-

tionism of psychotherapy to “the most arid days of Freudian orthodox and scientifically impersonal technique.” He addresses McKensie’s position that “The only thing that can dissolve guilt feelings is the forgiveness of God” as ignoring “the difference between pathological and real guilt. Furthermore, an experienced psychotherapist does not help the patient to repress anything at all, whether pathological or real, but rather helps him to remain conscious of as much as he can of his mental life and deal with it with full awareness: only so can genuine maturing of personality occur.”¹¹ Theological reductionism is ultimately as defensive as psychoanalytic reductionism.

In contrast, the standard for respectable theological study, for example, involves extensive study of the historical background within which a text is written. Fleshing out the *Sitz im Leben*, or the “setting in life” in which the author is contextualized, is standard practice in the theological disciplines of exegesis and hermeneutics: the technical study of a text in order to determine the meaning of the author within its historical and social context. The *Sitz im Leben* is essentially the object relational matrix of the author, and to that task of *exegeting* the psychoanalytic psychology and the theological philosophy of Harry Guntrip we will now turn.

¹¹ Guntrip, “Can the Therapist Love The Patient?” in *Personal Relations Therapy: The Collected Papers of H.J.S. Guntrip*, ed. Jeremy Hazell (Northvale, NJ: Aronson, 1994 [1958]) 399.