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## MELANIE KLEIN AND CONTEMPORARY KLEINIAN THEORY

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Now that my ladder's gone,  
I must lie down where all ladders start,  
In the foul rag-and-bone shop of the heart.

—W. B. Yeats

If you hate a person, you hate something in him that is part of  
yourself. What isn't part of ourselves doesn't disturb us.

—Hermann Hesse

Melanie Klein (1882–1960) has had more impact on contemporary psychoanalysis than any other psychoanalytic writer since Freud. Klein's intent, which she continually reaffirmed throughout her long and productive career, was to merely validate and extend Freud's hypotheses through direct observation and clinical work with children.<sup>1</sup> Yet her discoveries led to a vision of mind that is strikingly different from Freud's in many basic respects.

Klein made enormous contributions to psychoanalysis; psychoanalysis (according to Klein's biographer, Phyllis Grosskurth) seems to have saved Klein. Melanie Reizes Klein's early adulthood in Vienna was dominated by a suffocating relationship with her mother and a troubled, deeply unsatisfying marriage. She suffered severe depressions and seems to have been

rapidly deteriorating into the life of a psychological invalid when, in 1914, she discovered Freud's work on dreams "and realized immediately that was what I was aiming at, at least during those years when I was so very keen to find out what would satisfy me intellectually and emotionally" (quoted in Grosskurth, 1986, p. 69).

Klein, who had moved to Budapest, entered psychoanalysis in 1914 with Sandor Ferenczi, one of Freud's closest and most influential disciples, and began writing psychoanalytic papers on her observations of and clinical work with children (initially her own two sons and daughter) in 1919. Her work quickly captured the interest of Karl Abraham, another key figure in the early decades of psychoanalysis. He invited her to Berlin, where she had a brief analysis with him before his untimely death in 1925. In 1926 Klein was invited by the Freud translator and biographer Ernest Jones to move to England (Jones's interest in Klein was partly as an analyst to his own children), where she lived and did her controversial work till her death in 1960.

By the late 1920s Klein and her followers had already begun to clash with the more traditional Freudians, dividing the psychoanalytic world into the "London school" and the "Viennese school." The initial issues on which Klein and Anna Freud differed concerned technical problems with regard to analyzing children. Klein took the position that children were analyzable, much in the way adults are, as long as their play is interpreted the way an adult analysand's free associations are interpreted. Anna Freud argued that small children are not analyzable because the weak and undeveloped ego cannot handle deep interpretations of instinctual conflict. She recommended a quasi-educational approach to children with emotional problems.

Shortly after Sigmund Freud and his daughter, Anna, finally left Vienna and moved to London in 1938, barely escaping the Nazis, the battle between the Kleinians and (Anna) Freudians culminated in a series of vituperative discussions within the British psychoanalytic society on what had developed into wide-ranging differences in both theory and technique. The result was a splitting of the society into different groups, which still exist to this day. (A third group, the independents, was formed around the contributions of Fairbairn and Winnicott.) The schism within the British society broadened into a deep rift within the contemporary international psychoanalytic community, dividing Kleinian from Freudian psychoanalysts ideologically, politically, educationally, and clinically.

Up until the 1980s, the dominant ideology within American psychoanalysis was Freudian ego psychology, which, as we noted in chapter 2, was greatly shaped by the work of Anna Freud. The schism within the British society between the (Anna) Freudians and the Kleinians resulted in a lingering antipathy in the American tradition toward the contributions of Klein.

*Freud's  
educational*

Consequently, Kleinian theory was either largely ignored or summarily dismissed by psychoanalysts in the United States, and Kleinian authors also became insulated from developments in other theoretical traditions.<sup>2</sup>

Political loyalties and the common use of technical terms can make it difficult to grasp clearly just how different Klein's understanding of mind is from Freud's.

Sigmund Freud saw the central neurotic conflict as concerned with secrets and self-deceptions. The core of this conflict is formed in the culmination of infantile sexual life, the oedipal phase, during which the five- or six-year-old struggles with intense and dangerous incestuous wishes, Freud believed. Klein became interested in earlier processes. She found what she felt was evidence that Freud's hypotheses about the older child (five or six years old) could apply to the much younger child (two or three years) and even to the infant. In extending Freud's theories to earlier developmental phases, Klein argued that fantasies of both incestuous union (Oedipus complex) and terrifying self-punishments (superego) are present from a very young age, although in more "primitive," frightening forms. Yet to read Klein as merely extending Freud backward in developmental time misses the dramatic difference between the mind as Freud saw it and the mind as Klein came to see it. The elaboration of oedipal conflicts in the mind of the infant began to take on a very different quality from the oedipal drama Freud had depicted.

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Freud's patients were adults, with coherent, if conflictual and tormented, lives. Klein's patients during the 1920s and 1930s, the patients who most influenced the development of her thought, were children, many of them extremely disturbed and terrified. Freud's patients were neurotic; he considered psychosis inaccessible to analytic treatment, because the totality of emotional withdrawal it entailed made impossible a transference of repressed oedipal wishes and fears onto the person of the analyst. During the 1950s and 1960s Klein and her followers applied techniques and understanding gained from work with young children to psychotic adult patients. Their withdrawal and bizarre behavior were understood by Klein as desperate efforts to ward off the terrors she had witnessed in the play of children.

psychosis

to ward off  
terrors

For Freud, the psyche is shaped through the oedipal conflict into stable and coherent structures, with hidden recesses and illicit designs. In an increasingly dramatic although unannounced fashion, Klein substituted for Freud's vision a portrayal of mind as a continually shifting, kaleidoscopic stream of primitive, phantasmagoric images, fantasies, and terrors. For Klein, the psyche, not just of the small child but of the adult as well, remains always unstable, fluid, constantly fending off psychotic anxieties. For Freud, each of us struggles with bestial wishes, fears of retribution, and

Klein  
psyche  
always  
unstable

fending off psychosis

guilt. For Klein, each of us struggles with the deep terrors of annihilation (paranoid anxiety) and utter abandonment (depressive anxiety).

The issues that created the early divergence between Melanie Klein and Anna Freud around the accessibility of the child's mind to analytic interpretation have had remarkable staying power. Klein came to regard the adult mind in the same way she understood the child's—as beset with deep, psychotic-like terrors, as unstable, dynamic, and fluid, and as always responsive to “deep” analytic interpretations. The ego psychological tradition (which we traced in chapter 2) is based on a view of the adult mind as highly structured and stable, stratified by layers of ego capacities and defenses. According to the ego psychologists, for adults in analysis, deep interpretations of intrapsychic conflict can come only from layer-by-layer interpretive work, from the surface down. The Kleinians tend to view ego psychology as concerned with shallow dimensions of emotional life. The ego psychologists tend to view the Kleinians as wildly interpretive, overwhelming patients with concepts they cannot possibly understand or use (Greenson, 1974). It is only in the last several years that there has appeared the beginning of a rapprochement between contemporary Kleinian authors and some American writers who have emerged from the ego psychology tradition (Schafer, 1994).

Klein's most important and abiding contribution to the development of psychoanalytic thought was her depiction of what she termed the “paranoid-schizoid” and “depressive” positions. To grasp what Klein meant by these two positions requires an appreciation of several basic features of her theory. So let us consider a piece of clinical experience and the way it might be understood in Kleinian terms, particularly with respect to the paranoid-schizoid and depressive positions.

### THE PARANOID-SCHIZOID POSITION

After several years in analysis, Rachel, a waitress in her mid-twenties, recalled with great vividness an experience, not thought about for years, that had dominated both her waking and dream life as a child. As far back as she could remember, she had felt tormented by two vivid and intense images and their relationship to each other. She couldn't remember whether these images had begun as parts of a dream and then had been taken up in her waking fantasy, or whether they had begun as a daydream and infiltrated her dream life. The first image was of tiny, extremely delicate flowers. The second image was of enormous humanlike figures, menacing, without features, composed entirely of feces. The two images were bound together in a way she did not understand but felt compelled somehow to

child's  
mind  
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to  
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interpret.

resolve. She would think of the flowers and then the shit people, then the flowers, then the shit people.

The images were as opposite as could be imagined, yet Rachel felt they belonged together. She wanted them to merge, to be integrated in some fashion, but she couldn't figure out how to do it. It was as if there were a magnetic force drawing them together, but an even more powerful force, as with magnets of the same pole, keeping them apart. Central to her sense of the impossibility of their merger was her dread that such an integration would result in the destruction of the delicate, vulnerable flowers; they would be submerged and buried forever under the massive, ominous shit people. The longing to merge these two images would return again and again with great urgency, both in her waking and in her dream life, but she could never resolve the tension posed by their intense polarity.

The drama of these images became a central, organizing theme of Rachel's analysis and came to be understood as containing and representing a great deal of information about the structure of her subjective world. She had had an absolutely wretched childhood, beginning with a sequence of experiences that would likely have completely crushed someone with less native intelligence and resourcefulness.

Rachel's father had died during her first year of life and her mother became progressively physically and mentally debilitated and unable to care for her. Rachel was raised by a cousin of her mother's in a rural area. This surrogate mother was striking in her inconsistency. She took care of Rachel and sometimes seemed affectionate toward her; at other times she would turn on her in a vicious, paranoid fashion. There was ample evidence in Rachel's memories to suggest that this surrogate mother suffered from a schizophrenic condition. The woman's husband, a chronic alcoholic, provided little refuge; he was at times emotionally available and caring but more often remote or simply absent from the home.

In her analysis, Rachel began to realize that the two images, the flowers and the shit people, were so important because they represented in a collapsed but extremely vivid way the experiential quality of her life, especially her childhood, but her adult life as well. It was as if she had two very different kinds of experiences, and they had virtually nothing to do with each other.

A good deal of the time, she felt a dark, ominous heaviness about herself and other people. She felt she was filled with ugly destructiveness, a hate that was directed toward everyone, including herself, that knew no bounds, that, if unleashed, would destroy both herself and those around her. In this shit world, other people were experienced as being menacing and hateful toward her as well. Everything was clear and consistent. No relief, no

escape was possible. There were no surprises. The hatred she felt in the world outside herself was deeply connected to her experience of her own inner nature.

At other times Rachel felt a very different kind of experience, in isolated, circumscribed moments with some of her acquaintances (she had no real friends), and especially when listening to music or reading poetry. The general sense of bleakness and darkness would lift and she would have a warm feeling, both from herself toward the other person and from the other person toward her (the other most often consisted of long-deceased poets and composers). The experiences with poetry and music had a relative consistency to them; they could be evoked by her and seemed to be a reliable basis on which she developed and shaped relationships to poets and composers over time. When these experiences happened in relation to real people, they seemed moving but dangerous, totally unpredictable; it was very important not to anticipate them, long for them, try to make them happen.

The images of the flowers and the shit people were crystallizations of these two pervasive modes in which Rachel's experience was generated, these two strikingly different worlds in which she lived. She longed to bring them together, to lighten the gloom, to have a greater sense of continuity, to feel that positive connections and loving moments could be a consistent feature of her relationships with real, live other people. Yet to do that, to really count on another for something important, to anticipate it, to try to make it happen, risked being disappointed, provoking her explosive rage and hatred. To integrate the two types of experiences risked destroying even the filaments of light that fleetingly relieved her darkness. So it seemed crucial to keep the good experiences separated as far as possible from the bad, the loving feelings from the hatred. It was essential that she experience the moments of connection as arbitrary and circumscribed, having nothing at all to do with the general sense of distance, distrust, and malevolence she experienced between herself and other people.

In Kleinian terms, the nature of these two images and their relationship to each other, central to the personal struggles of this extremely deprived young woman, reflects a universal organization of experience (the paranoid-schizoid position) that we all share in our early months and years—and that we maintain, at least episodically, throughout life. Klein derived her understanding of the ways experiences become organized from Freud's formulations, particularly his concept of instinctual drive and the dual-instinct theory, but she applied Freud's concepts in her own fashion.

As we noted in chapter 1, Freud's idea of instinctual impulse was a borderline concept between the physical and the psychical. He portrayed the

impulse as beginning in an accumulation of substance in somatic tissues, outside the mind, which then generates a psychical tension in the mind, a "demand on the mind for work." "Objects" are "accidentally" discovered in the external world, such as the breast during feeding, which are found to be useful in eliminating the libidinal tension of the drive, and these objects are thereby associatively linked to the impulse.

for Freud  
objects  
are  
accident-  
demand

Klein never departed from the language of Freud's instinct theory. All her contributions derive from and are framed in terms of Freud's postulation of libidinal and aggressive energies as the basic fuel of mind, and the gratification of and defense against libidinal and aggressive impulses as the underlying drama of mental life. Yet Klein's formulations markedly altered these conceptual building blocks.

For Freud, the instinctual impulse was discrete and distinguishable both from the mind from which it demands gratification and from the object to which it becomes serendipitously associated. Klein gradually extended the concept of the impulse on both ends, both in terms of the source from which it arises and in terms of the aim toward which it is directed.

discrete  
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demands  
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to which  
it becomes  
serendipitously  
attached!

Klein's instinctual impulse, although embedded in bodily experience, was much more complex and personal. She saw libidinal and aggressive impulses not as discrete tensions, but as entire ways of experiencing oneself, as "good" (both loved and loving) or as "bad" (both hated and destructive). Although libido and aggression are expressed in terms of body parts and substances, they are generated by and reflect more complex organizations of experience and senses of self, Klein believed.

For Freud, the aim of the impulse was discharge; the object was the accidentally discovered means toward that end. Klein regarded objects as built into the experience of the impulse itself. To experience thirst, even prior to drinking, was to long for, in some vague and inchoate fashion, the object of that thirst. The object of desire was implicit in the experience of desire itself. The libidinal impulse to love and protect contained, embedded within it, an image of a lovable and loving object; the aggressive impulse to hate and destroy contained, embedded within it, an image of a hateful and hating object, Klein believed.

Klein  
extends  
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Freud's account of the workings of the structural model conjures up an image of a cohesive and integrated ego, now dealing with a specific libidinal impulse, now dealing with a specific aggressive impulse. Klein's account of early experience conjures up an image of a discontinuous ego, vacillating between a loving orientation toward loving and lovable other people and a hateful orientation toward hating and hateful other people. Rachel's flowers and shit people are not merely vehicles for libidinal and aggressive discharge; they represent more complex relationships between a particular

kind of self and a particular kind of other. Although Klein retained Freud's terminology, her understanding of the basic stuff of mind had shifted, from impulses to relationships, leading to a very different view of the underlying dramas of mental life.

Klein portrayed the infant's experience as composed of two sharply polarized states, dramatically contrasting in both conceptual organization and emotional tone. The paradigmatic images of these states involve the infant at the breast. In one state, the infant feels bathed with love. A "good breast," filled with a wondrous nutriment and transforming love, infuses him with life-sustaining milk and envelops him in loving protection. He in turn loves the "good breast" and is deeply grateful for its protective ministrations. At other times, the infant feels persecuted and in pain. His belly is empty, and his hunger is attacking him from within. The "bad breast," hateful and malevolent, has fed him bad milk, which is now poisoning him from within, then abandoned him. He hates the "bad breast" and is filled with intensely destructive retaliatory fantasies.

It is important to keep in mind that this account, written in adult language, makes assumptions about the experiences of preverbal infants; it attempts to cross a boundary that we can never fully cross. Klein and her collaborators always assumed that what they were depicting in more or less clear verbal terms referred to experiences in the child that were likely to be neither clear nor verbal, but amorphous and phantasmagoric, at some distance from what adults are able to remember or experience themselves.

The divided world Klein depicted was seen as being formed long before any capacity for reality-testing of any sort. The infant believes that his fantasies, both loving and hateful, have powerful actual impact on the objects of those fantasies: his love for the "good breast" a protective and restorative effect, his hatred for the "bad breast" an annihilating destructiveness. It is precisely because of the omnipotence with which the child experiences his impulses that this world is an extremely dangerous place and the stakes are always very high.

Emotional equanimity in this earliest organization of experience depends on the child's ability to keep these two worlds separate. For the good breast to be a safe refuge, it must be clearly distinguishable from the malevolence of the bad breast. The child's rages against the bad breast, played out in powerful fantasies of destroying it, are experienced by the child as real, doing actual damage. It is crucial that the destructive rages be contained in the relationship to the bad object. Any confusion between the bad object and the good object could result in an annihilation of the latter, which would be catastrophic, because the demise of the good breast would leave the child without protection or refuge from the malevolence of the bad breast.

child  
be cause  
of omni-  
potence  
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so dangerous



Klein termed this first organization of experience the *paranoid-schizoid position*. *Paranoid* refers to the central persecutory anxiety, the fear of invasive malevolence, coming from the outside. The shit people threaten to overrun and contaminate all goodness, both in the flowers and in Rachel's love for the flowers. *Schizoid* refers to the central defense: *splitting*, the vigilant separation of the loving and loved good breast from the hating and hated bad breast. It is urgently necessary for Rachel to keep the flowers clear of the shit people and to segregate her hatred, directed toward the latter, from her love, protectively preserving the flowers.

*Paranoid*  
fear of  
invasive  
male-  
volence  
*Schizoid*  
Splitting

Why *position*? Freud had delineated a progression of psychosexual "stages" centered on different libidinal aims unfolding in a maturational sequence. Klein proposed an organization of experience (of both external reality and inner reality) and a stance vis-à-vis the world. The bifurcated world of good and bad was not a developmental phase to be traversed. It was a fundamental form for patterning experience and a strategy for locating oneself, or, more accurately, different versions of oneself, in relation to various types of others.

Klein derived the paranoid-schizoid position from the urgent necessity to defend against the persecutory anxieties generated by the death instinct. All other major psychoanalytic theorists besides Klein treated Freud's notion of a death instinct as a biological, quasi-mythological speculation, but Klein built it into the center of her theorizing. Drawing on her work with disturbed children and psychotic patients, she portrayed the newborn's state of mind in terms of anxiety about imminent annihilation, deriving from a sense of the raw, self-directed destructive force of his own aggression. The most immediate and persistent problem throughout life becomes the need to escape this paranoid anxiety, this sense that one's very existence is endangered.

The beleaguered primitive ego projects a portion of the self-directed impulses outside the boundaries of the self, thereby creating the "bad breast." It is somewhat less dangerous to feel that malevolence is located outside oneself, in an object from which one can escape, than inside one-~~self~~, from which there is no escape. Some of the remaining portion of the aggressive drive is redirected toward this malevolent external object. Thus a relationship to the original bad object has been created from the destructive force of the death instinct for the purpose of containing the threats posed by that instinct. There is a malevolent breast trying to destroy me, and I am trying to escape from and also destroy that bad breast.

To live in a world filled only with malevolence would be intolerable, so the infant also quickly projects loving impulses contained in primary narcissism out into the external world, thereby creating the "good breast." Some of the remaining portion of the libidinal drive is redirected toward

this loving external object. Thus a relationship to the original good object has been created from the loving force of the libidinal instinct to serve as a counterpart to and refuge from the threat of the bad object. There is a malevolent breast trying to destroy me, and I hate and try to destroy the bad breast. There is also a good breast that loves me and protects me and which I in turn love and protect.

*a  
loving  
breast  
that  
loves &  
protects  
me*

In this account generated by Klein's original formulations, the flowers and the shit people would be understood as projective derivatives of constitutional libidinal and aggressive drives themselves. The environment, although secondary in such a perspective, is not unimportant, for good parenting can soothe persecutory anxieties, thereby diminishing paranoid fears of bad objects and strengthening the relationship to good objects. The malevolence of the paranoid-schizoid position begins with constitutional aggression; a good environment can ameliorate its terrors. In Klein's original view, the power of the shit people reflects a constitutionally strong aggressive drive; the environmental deprivations were unable to provide the necessary taming of destructiveness and the strengthening of the fragile libidinal resources represented by the flowers.<sup>3</sup>

### THE DEPRESSIVE POSITION

There is an inherent tendency toward integration in the patterning of experience, Klein felt, that encourages in the infant a sense of a whole object, neither all good nor all bad, but sometimes good and sometimes bad. The good breast and the bad breast begin to be understood not as separate and incompatible experiences, but as different features of the mother as a more complex other, with a subjectivity of her own.

Much is gained in the movement from the experience of others as split into good and bad to the experience of others as whole objects. Paranoid anxiety diminishes; one's pain and frustration are not caused by pure malevolence and evil, but by fallibility and inconsistency. As the threat of persecution abates, the necessity for the vigilance of splitting is reduced; the infant experiences herself as more durable, less in danger of being crushed or contaminated by external or internal forces.

*X* Yet the gains inherent in the movement out of the paranoid-schizoid position are accompanied by new and different terrors. The central problem in life, according to Klein, is the management and containment of aggression. In the paranoid-schizoid position, aggression is contained in the hateful relationship with the bad breast, safely distanced from the loving relationship to the good breast. As the infant begins to draw together the experiences of goodness and badness into an ambivalent (both loving and hating) relation-

ship to a whole object, the equanimity that the paranoid-schizoid position provides is shattered. The whole mother who disappoints or fails the infant, generating the pain of longing, frustration, desperation, is destroyed in the infant's hateful fantasies, not just the purely evil bad breast (with the good breast remaining untouched and protected). The whole object (both the external mother and the corresponding internal whole object) now destroyed in the infant's rageful fantasies is the singular provider of goodness as well as frustration. In destroying the frustrating whole object, the infant eliminates her protector and refuge, depopulating her world and annihilating her own insides. Klein termed the intense terror and guilt generated by the damage done to the child's loved objects by her own destructiveness *depressive anxiety* and the organization of experience in which the child relates with both love and hate toward whole objects the *depressive position*.

In the paranoid-schizoid position, the problem of inherent human destructiveness is resolved through projection, resulting in an ominous sense of persecution, danger from others. In the more integrated, more developmentally advanced depressive position, the powerful force of inherent human destructiveness creates a dread of the impact of the child's own rage on those she loves. Klein portrayed the state of the infant following a fantasy of rageful destruction toward the frustrating mother as one of deep remorse. The frustrating whole object who has been destroyed is also the loved object toward whom the child feels deep gratitude and concern. Out of that love and concern, reparative fantasies (deriving from libidinal instincts) are generated, in a desperate effort to heal the damage, to make the mother whole once again.

The child's belief in her own capacity for reparation is crucial to the ability to sustain the depressive position. To be able to keep her objects whole, the child has to believe that her love is stronger than her hate, that she can undo the ravages of her destructiveness. Klein saw the constitutional balance between libidinal and aggressive drives as crucial. (Later theorists, including D. W. Winnicott, stressed the importance of an actual mother who survives the infant's destructiveness, who returns and holds the infant's experience together.) In the best of circumstances, the cycles of loving, frustration, hateful destruction, and reparation deepen the child's ability to remain related to whole objects, to feel that her reparative capacities can balance and compensate for her destructiveness.

Even in the best of circumstances, however, this is not a static and conclusive solution. In Klein's view, we are all subject, in unconscious (and sometimes conscious) fantasy, to intense rageful destructiveness toward others, whom we experience as the source of all frustration, disappointment, physical and psychic pain. That perpetual destructiveness toward

loved others represents a continual source of depressive anxiety and guilt and an unending need to make reparation. At especially difficult times, the destructiveness becomes too great, threatening to wipe out the entire object world, with no survivors. At those points, a retreat to the paranoid-schizoid position provides temporary security. The frustrating other is now experienced not as a whole object, but as a bad object. There is a good object somewhere else who would not cause such pain. The child's destructiveness is now once again contained in the relationship to the evil object, and she can rest (temporarily) secure that there are good objects out there that are safe from the destructiveness of her rage.

*yeah!* What is so problematic about the depressive position is the irreplaceability of the whole object, which creates what the infant experiences as her abject dependence on it. An alternative solution to the pain of depressive anxiety is the *manic defense*, in which the uniqueness of the loved object and hence one's dependence on it are magically denied. Who needs this other person anyway? Mothers/fathers/lovers are easy to come by; they're all the same, with no unique features. In the blurring of the distinctiveness of the other into a general category, one regains a sense of solace, necessarily temporary and illusory, for one's intense, helpless dependency and a sense of power over one's objects.

*yes  
depress! \** Klein portrays the state of relative mental health not as a developmental plateau to be reached and held but as a position continually lost and regained. Because love and hate are both perpetually generated in experience, depressive anxiety is a constant and central feature of human existence. At times of great loss, rejection, frustration, there are inevitable retreats into the security provided by the splitting of the paranoid-schizoid position and the manic defense.

In less than ideal circumstances, the child experiences her rage as more powerful than her reparative love. The integration of love and hate toward a sometimes loving and sometimes hating other cannot be sustained. The shit people will overwhelm and bury the delicate flowers. Despite the persecutory horrors of the paranoid-schizoid position, the splitting provides the only possibility of sustaining any pockets of love and security. For these people, good and evil are clearly separate. They have a few friends (sometimes only in fantasy) who are all good, and enemies who are thoroughly evil. When friends disappoint, they are instantly revealed as evil and as having been evil all along. Relationships with trusted allies cannot be clouded by even the shadow of a doubt because such doubt opens the door to inevitable and inexorable contamination.

The flowers and the shit people can be integrated only if Rachel can

believe that the flowers will emerge from underneath the shit. Only a belief in one's reparative capacities, the belief that one's love can survive one's destructiveness, makes possible the integration of love and hate into richer and more complex relatedness. Love in the paranoid-schizoid position is pure but brittle and thin. Love in the depressive position, tempered through cycles of destructive hatred and reparation, is deeper, more real, more resilient; but it requires the belief that the shit will fertilize new and stronger growth rather than bury all signs of life.

The following dream of a patient in psychoanalysis might be considered as representing the transition from a more or less stable paranoid-schizoid organization into the capacity to tolerate depressive anxiety. This middle-aged man had been married for over a decade to a woman he idolized and never fought with, although he had constant battles with bosses and other figures in his life he felt were malevolent and out to get him. He idealized his analyst as well; occasional flare-ups of intense rage, precipitated by some sense of betrayal by the analyst, were quickly forgotten, and the analyst was reestablished as a wholly benign and wonderful figure. The week before he reported the dream, several years into the analysis and following many months of interpretations concerning his tendency to split his love and hate, he reported with considerable excitement the first real fight he had ever had with his wife. "I completely lost my temple—I mean my temper," he said. This is the dream:

I am wandering around in an old house that has a great sense of familiarity about it. I notice a room hidden between two floors that I realize I haven't been in for a long, long time. As I enter I notice a large fish tank with beautiful and exotic tropical fish. I remember that I had set up and stocked this tank many years before, but had forgotten about it. Amazingly, the fish had survived and actually flourished. I was very excited and thought that they must be very hungry after all these years. I reached for what I took to be a box of fish food on a shelf nearby and began sprinkling it into the water. The fish suddenly started looking sick. I looked closely at the box and realized that it was a box of salt crystals. These were freshwater fish, and the salt was deadly for them. I began frantically running around trying to do something to save them. I saw another tank with water nearby. I began scooping the fish up and transferring them to the other tank. Some of them looked dead; some of them looked like they might survive. It was hard to tell how it would turn out, and I awoke in a state of great anxiety.

In the framework of Klein's concept of the depressive position, this dream expresses the depressive anxiety of someone who is terrified of his own anger and what it might do to those he loves. He tended to split his relationships into purely good and purely bad, thereby sheltering those he loved from his rage, which he greatly feared they would not survive. Only recently had he begun to draw his love and hate together, allowing himself to contain and also express frustration and rage toward those he also loved. This made him feel both very guilty and very anxious; he was confused about his own insides, about which was stronger, his love or his hate. This movement had enriched both his relationships and his sense of his own inner life, but he was terrified that if he abandoned his compulsive idealization of his wife and his analyst, his devotion to his temples, he would not be able to maintain the relationships through love and reparation.

In this reading of the dream, the fish are whole objects, buried in his unconscious experience and long forgotten. He avoids his deep confusion about his capacities to keep his objects alive by a chronic splitting of relationships into the two floors between which the fish are hidden, worshiped idols and hated enemies. He forgets about the delicate fish. Now, after months of interpretive work on this splitting strategy, he relocates a place in his experience where more complex, although fragile, life exists. But his very recognition of a different sort of object, a love for another who is not godlike but extremely vulnerable, brings him face to face with a terror about his own capacity to sustain and nurture love. Will his destructiveness (although unintended) annihilate his objects, or will he be able to repair the damage he has done? The verdict is still out at the end of the dream (and remained out for many more months of analysis).

### SEXUALITY

\* The difference between Klein's vision and Freud's, from which she began, is nowhere as clear as in the realm of sexuality, the centerpiece of Freud's theories of development and psychopathology. In Freud's framework, sexuality concerns pleasure, power, and fear. For the woman, sexual intercourse, on the deepest unconscious levels, is seen as providing possession of the father's penis in compensation for the narcissistic wound of her own sense of castration. She longs to become pregnant as a sign of possession of the father and of her missing penis, and of triumph over the rival, the mother. For the man, sexual intercourse, on the deepest unconscious levels, is seen as being experienced as the ultimate possession of the mother, a triumph over the father, proof that he has not been castrated for his sexual

ambitions. To make a woman pregnant is a demonstration of his uncas-  
trated, potent status.

In Klein's framework, sexuality is about love, destructiveness, and reparation. Men and women are seen as deeply concerned about the balance between their own ability to love and to hate, about their capacity to keep their objects alive, both their relationships to others as real objects and their internal objects, their inner sense of goodness and vitality. Klein viewed sexual intercourse as a highly dramatic arena in which both one's impact on the other and the quality of one's own essence are exposed and on the line. The ability to arouse and satisfy the other represents one's own reparative capacities; to give enjoyment and pleasure suggests that one's love is stronger than one's hate. The ability to be aroused and satisfied by the other suggests that one is alive, that one's internal objects are flourishing.

Pregnancy is tremendously important in this framework not as a symbolic equivalent of the penis or potency, but as a reflection of the state of one's internal object world. Fertility, both for the man and for the woman, suggests inner vitality, an internal experience that has been kept alive and flourishing. Infertility, both for the man and for the woman, is seen as arousing fears not of castration but of inner deadness, the failure of love to repair and sustain important connections with others, the inability of the self to maintain vital and nourishing relationships. For Freud, artistic creativity was a sublimated form of bodily pleasures. For Klein, both artistic creativity and bodily pleasures were arenas in which the central human struggle between love, hate, and reparation is played out.

## ENVY

One of Klein's most important concepts, envy was introduced relatively late in her life but became an important feature in the development of Kleinian thought after her death.

Klein's understanding of envy is best grasped by comparing envy to greed. The infant at the breast, as is typical for Klein, provides the prototype. Infants, as Klein portrayed them, are intensely needy creatures. They feel abjectly dependent on the breast for nourishment, safety, and pleasure. The infant experiences the breast itself, Klein imagined, as extraordinarily plentiful and powerful. In more suspicious moments, the infant thinks of the breast as hoarding its wonderful substance, good milk, for itself, enjoying its power over the infant, rather than allowing the infant continual and total access to its resources.<sup>4</sup>

Oral greed is one response to the infant's helplessness at the breast. He is

filled with impulses to totally appropriate the breast for his own needs, to use it up. The intent is not to destroy but to possess and control. The farmer in the fairy tale of the goose that laid the golden eggs, a classic allegory of greed, does not want to hurt his goose; he loves his goose. Yet he cannot stand being delivered only one golden egg each morning and kills the goose in his effort to gain access and control over her resources. Similarly, the infant's greed is not destructive in its intentions toward the breast, but deeply resentful of receiving its precious bounty only in drips and drops. Greed thus becomes ruthless in its acquisitiveness.

Envy is a different response to the same situation. The envious infant no longer wants to gain access to and possess the good, but now becomes intent on spoiling it. The infant cannot tolerate the very existence of something so powerful and important, able to make such an enormous difference in his experience, yet outside his control. The infant would rather destroy the good than remain helplessly dependent on it. The very existence of goodness arouses intolerable envy, the only escape from which is the fantasied destruction of the goodness itself.

Envy is the most destructive of all primitive mental processes. All the other hatred and destructiveness that characterize life in the paranoid-schizoid position are contained in the relation to the bad breast; through splitting, the good breast is protected as a refuge and source of solace. The extraordinary and unique feature of envy is that it is a reaction not to frustration or pain, but to gratification and pleasure. Envy is an attack not on the bad breast, but on the good breast. Thus envy undoes splitting, crosses the divide separating good from bad, and contaminates the purest sources of love and refuge. Envy destroys hope.

With her tendency to derive all important psychological processes from constitutional factors, Klein attributed excessive envy to an unusually strong inborn aggressive drive. Her depiction of envious spoiling can also be set into a different causal framework and regarded as a child's response to dramatically inconsistent parenting, where hope of responsiveness and love is perpetually stimulated but most often cruelly disappointed (see Mitchell, 1988).

Klein's concept of envy became a powerful clinical tool for understanding patients with the most severe and inaccessible psychopathology, those who have great difficulty in utilizing what psychoanalysis has to offer. Freud had described the *negative therapeutic reaction*, whereby the patient not only fails to get better through psychoanalysis but gets worse. From Freud's perspective, the problem was oedipal guilt; because of incestuous and patricidal wishes, these patients did not feel they deserved a better life. It is illustrative of the difference between Freud and Klein that the latter

Envy - not reaction to frustration, pain  
but to gratification, pleasure.

Greed becomes ruthless in its acquisitiveness

Envy wants access to it but wants to destroy it

rather than destroy the good then be dependent on it.

Envy is an attack on good breast



located the roots of the negative therapeutic reaction not in guilt over sexual and aggressive impulses but in the envious destruction of the good breast, the obliteration of any sense of goodness out in the world that might be of help. Although longing for help, these patients cannot tolerate the possibility that an analyst might be able to help them. To believe that the analyst might actually possess something so important to them, so desperately sought, plunges them into a sense of envious helplessness they cannot endure. The only way not to feel at the mercy of the analyst is to destroy the value of what the analyst has to offer, most especially the value of the analyst's interpretations. This envious destruction of the interpretations operates on a continuum from direct, assaultive devaluation to apparent agreement in which the interpretations are never really considered or allowed an impact.

*neg. therap. reaction  
Patient cannot bear it that analyst may be helpful.*

A dramatic and literal expression of this process is sometimes enacted by patients with eating disorders. Jane, who sought psychoanalysis for help with bulimia, among other troublesome symptoms, described her considerable anxiety after a session in which she felt important contact had been made and something useful given her by the analyst. The discomfort she felt led her to buy a giant bag of cookies, which she devoured eagerly and then induced herself to vomit. Her experience was of burying what the analyst had given her under the gooey mess of cookies and then expelling the entire contents. The interpretations were spoiled and voided. It was only with the experience of a clean and empty inside that the anxiety generated by the session was alleviated.

## PROJECTIVE IDENTIFICATION

A second concept Klein introduced late in her life that became central in subsequent Kleinian theorizing is projective identification. *Projection* was a term used by Freud to designate the fantasied expulsion of unwanted impulses: that which could not be experienced as in the self was experienced as located in others, external to the self.

Klein extended this concept in a characteristic fashion. In projective identification, Klein suggested, what is projected is not simply discrete impulses, but a part of the self—not just aggressive impulses, for example, but a bad self, now located in another. Since that which is projected is a segment of the self, a connection to the expelled part is maintained, through an unconscious identification. The projected psychic content is not simply gone; the person struggles to keep some connection to and control over that content.

Consider the following common types: the person who feels modern society is rife with sexuality, and devotes her life to the detection and obliteration

tion of obscenity and the ferreting out and control of the promiscuous; the person who feels that violence in movies is the greatest plague in contemporary life, and cannot stop talking, often in bloodthirsty terms, about those who promulgate this vice; the person who is enormously attuned to the sufferings and needfulness of others and devotes his life to the relief of others' afflictions. These are all suggestive of the kind of process Klein thought of as projective identification. A piece of experience, not simply an impulse but a generic dimension of human relatedness, does not register within the boundaries of oneself, but rather is experienced in a dramatically highlighted fashion in others, where it becomes an object of great focus, concern, and efforts at control.<sup>5</sup>

### WILFRED BION AND CONTEMPORARY KLEINIAN THOUGHT

Klein's ideas have had an enormous impact: on her explicit theoretical heirs; in forming the basis of various object relations theories like those of Fairbairn and Winnicott; and, generally without attribution to Klein herself, in many innovations and subtle transformations in contemporary psychoanalytic thought. In theorizing explicitly designated as "Kleinian," Klein's concepts have been extended and interpreted so fundamentally through the contributions of Wilfred Bion that contemporary Kleinian thought is more accurately designated Kleinian/Bionic.

Bion (1897–1979) was an analysand and student of Klein's whose own seminal concepts were shaped by his work with schizophrenic patients. Bion was raised in colonial India and suffered through tank combat in Northern Africa during World War II. He lived in England most of his life but resided in the United States from 1968 until shortly before his death. Bion became dissatisfied with the formulistic way many clinicians applied psychoanalytic concepts (including Kleinian concepts), and took a particular interest in trying to explore and convey the dense texture and ultimate elusiveness of experience.

Eventually Bion's writings veered off in their own somewhat mystical direction and have attracted a group of adherents. However, some of his basic concepts had more general applicability to Kleinian thinking and have had broad impact on contemporary Kleinians. Bion's writings are extremely opaque and abstruse, perhaps (along with those of Lacan, to be discussed in chapter 7) the most difficult of all the major psychoanalytic authors'. But no introduction to Klein would be complete without a consideration of several of Bion's basic contributions, particularly his extensions of Klein's late theorizing about envy and projective identification.

In Klein's formulation of envy, there is an attack on an object; in the case of the original paradigm of the infant at the breast, the infant destroys the breast and spoils its contents. Bion's early efforts to grasp the origins and nature of schizophrenic thought and language, so striking in their fragmentation and apparent meaninglessness, led him to feel that a connection existed between schizophrenic fragmentation and the kind of envious attacks described by Klein, but that what was attacked was not only the object itself but the part of the child's own mind that was connected to the object and reality in general. The envious infant experiences her whole link to the object as unbearably painful, and therefore attacks not just the breast, but her own mental capacities that connect her to the breast, Bion theorized. There is not only a fantasied attack on the object, ripping it to shreds, but an attack on the infant's own perceptual and cognitive apparatus, destroying her capacity to perceive and understand reality in general, her capacity to make meaningful connections with others. Envy, for Bion, became a kind of psychological autoimmune disorder, an attack by the mind on itself.

Envy  
auto-immune-  
logical  
disorder -  
an attack  
on the mind  
itself.

The following two brief dream images suggest the kind of experiences and processes Bion was trying to get at in his formulations concerning the envious destruction of mind and meaning.

Jim, a middle-aged analytic patient, reported a dream in which someone was looking into his ear. He then somehow looked into his own ear and saw spaces in which the tissue was covered with bloody blisters, ulcerated.

The following week he reported a fairly typical phone conversation with his brother, to which he had an uncharacteristic reaction. His brother, who was continually critical of him, his family, his way of life, but was always professing great love for him in sentimental terms, informed him that he would be visiting Jim's city in a couple of days. He would be staying with and spending almost all his time with old friends of his whom he had met through Jim. He didn't invite Jim to join them, but wanted Jim to arrange a brief visit for him with his children. Jim got furious and began to voice his hurt and resentment. His brother responded curtly, "Don't be so self-centered," expressed outrage that he thought this had anything personal to do with him, and listed several practical reasons for the trip to be arranged in this way. Embedded within this list of reasons was his recurrent accusation toward Jim for being "dead" and his expression of pleasure that, even though it was totally unjustified, Jim could still be alive enough to get angry.

The brother's approach to Jim was characteristic of Jim's place in the family in general and was very much modeled on their mother's way of dealing with him. Ordinarily, he responded to such conversations by

becoming confused and deadened and by feeling enormously incompetent. This time he reported "bursting with rage" at the powerful, double-binding postures of his brother.

His chronic sense of himself was of someone deeply damaged, unable to think or understand or operate effectively in the world. The dream image is suggestive of Bion's notion that this experience of himself resulted from self-directed attacks on his own mind; they functioned as a reaction to and protection from unbearable ties to significant others in which he felt painfully and hopelessly entangled.

Another patient, in analysis for three years, reported a dream in which she was walking around a garden, taking pictures with a camera that had no film, which she was trying to learn how to use. This was a woman who experienced herself as empty, valuable only through desperate connections with men to whom she would become slavishly devoted. Again following Bion, one might regard this dream image as representing her sense of herself as not retaining experience, of registering events without assigning value or meaning to them, of voiding her own mental functions. Interestingly, in the same session in which she reported the dream, which also suggested the possibility of something new and different, she asked the analyst whether a still-life of flowers on the wall of the office was a recent purchase. The painting (remember the garden in the dream) had been there all along, unnoticed, or not retained, until now.

Bion described one of the central ways the mind attacks its own processes as *attacks on linking*, in which the connections among things, thoughts, feelings, people are all broken. One patient who might well be considered the victim of such a self-attack was a singer of considerable skill whose performance career was handicapped because, although he sang each note with beauty and skill, he could not connect the notes into musical phrases.

We noted that projective identification, in Klein's original formulation, is a fantasy in which some segment of the self is experienced as located in another person, with whom the self remains identified and attempts to control. Bion became interested in the impact of projective identification, a mental event in the mind of one person, on the person who is projected onto. His theorizing grew out of experiences in clinical work with very disturbed patients, in which he found himself having intense feelings that seemed to correspond to the patients' affective life. The analyst, Bion began to suspect, actually becomes a container for mental content originally located in the patient's experience. An event inside the patient's mind, in which a segment of the self is fantasied as relocated (contained) in the analyst, becomes somehow translated into an actual experience for the analyst.

In theorizing about the origins of projective identification, Bion envisioned the infant as filled with disturbing sensations that he cannot organize or control. The infant projects this disorganized mental content onto the mother in an effort to escape its noxious effects. The receptive mother, in a loosely flowing reverie, is responsive to this mental content, and in some sense organizes the experience for the infant, who then introjects it in a form that is now bearable. The mother who is not attuned to her infant is unable to contain and process the infant's projective identifications, leaving the infant at the mercy of his fragmentary and terrifying experience. A similar process, Bion began to suspect, operates in the relationship between patient and analyst. In extending Klein's concept of projective identification, Bion interpersonalized it, changing it from a fantasy in the mind of one person to a complex relational event in the minds of two people. \*

Bion's understanding of projective identification has been used in a variety of ways. One usage, somewhat spooky in quality, takes for granted a form of mental telepathy in which content is simply transferred from the mind of the baby to the mind of the mother, or the mind of the patient to the mind of the analyst. One can also think about projective identification in connection with the phenomena of intuition and affective contagion. There are mothers who are very much in tune with the affective states of their infants. They seem to be able to sense what the infant is feeling, what the infant needs, and to respond in a way that is organizing and soothing. Another type of mother never seems to get it right, never adjusts to the infant's own state and rhythm, and ends up with a very frustrated and anxious baby. What happens in these situations?

Affects are contagious. (Recall Sullivan's view that there is a direct "empathic linkage" through which affects are communicated, especially between mother and infant.) One person's excitement and enthusiasm can arouse excitement and enthusiasm in others. One person's anxiety can put others on edge. One person's depression can bring other people down. Affects in babies are particularly contagious. There are few things as exhilarating as a baby's smile of pure joy; few things as distressing as a baby in pain. When people are in tune with each other, affective resonance operates like tuning forks spontaneously reverberating at the same pitch. Affective attunement seems to be an intrinsic feature of human intimacy and, perhaps, is a highly adaptive survival mechanism in the relationship between parents and infants, whose affective states need to become known without language.

affective  
attunement

Bion's account of projective identification in the relationship between infant and mother might be understood in this context. The affective state of the infant, particularly the infant in distress, is picked up by the mother,

who has resources for processing it, for soothing both herself and the infant.<sup>6</sup> The infant experiences, absorbs, and, over time, identifies with the mother's organizational capacities. Although Bion assumed an intent to communicate on the part of the infant, a seemingly untestable assumption, one can use his perspective without making such an assumption.

### THE ANALYTIC SITUATION

Klein's formulations, particularly in the ways they have been amended by Bion, created a view of the analytic situation that is quite different from Freud's. For Freud, the patient and analyst have well-defined roles and clearly separate experiences. The patient needs to remember, and free association is the activity through which links to the crucial memories are revealed. The analyst hears the associations from a well-measured distance and gives the patient interpretations linking the patient's associations to the memories to be uncovered and reconstructed. The interpretations are informational, designed to reveal the patient's resistances to her own memories, to alter the organization of experience inside the patient's head. Transference periodically emerges as last-ditch resistances to the memory work.

Kleinian analysts use all the same terms to describe the analytic situation, but the basic sense of what is going on is quite different. The patient and analyst are much more fundamentally enmeshed than in Freud's view. It is not as if the patient is simply revealing the contents of her own mind to a generally neutral (except when distracted by countertransference) observer; the patient experiences the analytic situation in terms of her primitive object relations. At times, the analyst is a good breast, magically transformative; interpretations are good milk, protective, nurturing, restorative. At times, the analyst is a bad breast, deadly and destructive; interpretations are poisonous, destroying from within if ingested. In this view, transference is not a resistance to or distraction from the baseline of the analyst's observational position; the patient inevitably and necessarily experiences the analyst and the analyst's interpretations with profoundly intense hopes and equally intense dreads, through her unconscious organizations of experience.

→ For Freud, the analyst's experience in the analytic situation is one of relative detachment. The analyst uses his own associations, conscious and unconscious, to understand the patient's associations. Yet unless the analyst himself is distorting the patient because of unfinished business (countertransference) from his own past, his affective experience with the patient will be one of relative calm.

Klein describes the experience of the analyst in terms similar to Freud's. But Bion, by interpersonalizing the concept of projective identification,

patient  
exp

regards the analyst's affective experience as much more centrally involved in the patient's struggles. The analyst finds himself resonating with and containing intense anxieties and disturbing states of mind. The analyst's own depressive anxiety and need to make reparations, which undoubtedly drew him into a "helping" profession in the first place, are always on the line. The patient's systematic envious destruction of the analyst's (hopefully reparative) interpretations is inevitably powerfully disturbing to the analyst. For Freud, psychoanalysis was an arena in which one person observes and interprets the affective experience of another from a measured distance. In the contemporary Kleinian perspective, psychoanalysis is an arena in which two persons struggle to organize and make meaningful the affective life of the patient into which the analyst is inevitably and usefully drawn.

Heinrich Racker and Thomas Ogden have both applied Bion's interpersonalization of projective identification to the complex interactions between analysand and analyst. Racker, an Argentinian psychoanalyst (1910–1961) who wrote a series of brilliant papers on the psychoanalytic process, focused on extending Klein's concepts in a study of transference and countertransference, strikingly anticipating many features of the most recent innovations in psychoanalytic thought, whereby the analytic relationship is understood in increasingly dyadic terms (see chapter 9). Racker stressed the importance and utility of the analyst's identifications with the patient's projections, the versions of self and object that the patient experiences as inside the analyst. Racker (1968) portrayed the analyst (like everyone else) as struggling with dynamics similar to those of the patient: persecutory and depressive anxieties and a need to make reparation. He argued against what he called "the myth of the analytic situation," the assumption that "analysis is an interaction between a sick person and a healthy one." Racker stressed the analyst's embeddedness and participation in the analytic process:

The truth is that it is an interaction between two personalities, in both of which the ego is under pressure from the id, the superego, and the external world; each personality has its internal and external dependencies, anxieties, and pathological defences; each is also a child with his internal parents; and each of these whole personalities—that of the analysand and that of the analyst—responds to every event of the analytic situation. (p. 132)

It is precisely because the analyst has anxieties and conflicts similar to the patient's that the analyst is able to identify with the patient's projections onto her and then use those identifications to understand the patient.

The American psychoanalyst Thomas Ogden has generated an extremely

rich and original series of books on the nature of mind and the analytic process, in which he struggles to integrate Kleinian thinking with the contributions of others, particularly Winnicott. Ogden, in a manner similar to Racker's, illustrates how the patient's fantasy of projecting segments of self onto the analyst leads him to actually treat the analyst in a provocative manner, compatible with the fantasy. A patient with an unconscious fantasy of placing murderous rage onto the analyst is likely to treat the analyst as if he or she were dangerous and evil, which is likely to provoke irritation and perhaps sadism in the latter. The patient's intrapsychic fantasy becomes a form of interpersonal transaction that stimulates intense experiences in the analyst, whose countertransference offers clues to the patient's unconscious fantasies.

Bion recommended that the analyst strive to maintain a discipline in which each session is approached with "neither memory nor desire," in an effort to purify the analyst as a container for the patient's projections. In this sense, his notion of the analyst's ideal demeanor is an extension of the classical principle of neutrality and anonymity. Racker and Ogden, in contrast to Bion, believe the patient's projections are likely to be received not apart from but through the analyst's own anxieties, conflicts, and longings. In this sense, their notion of the analyst's inevitable participation in the analytic process is more consistent with the interactive perspective of interpersonal psychoanalysis.

Bion's formulations concerning attacks on meaning and linking and projective identification have provided powerful clinical tools in analytic work, particularly in the treatment of very disturbed patients. Ogden has suggested that the most difficult feature of such work is the understanding and management of the countertransference, the intense feelings of despair, terror, rage, longing, and so on stimulated by deeply disturbed patients. Bion's formulations provide a framework for analysts to tolerate and, in fact, become fascinated with their reactions to such patients by establishing the following assumptions: the apparent meaninglessness of the communications is generated by an active destruction of meaning; the apparent hopelessness and disconnection are generated by an active intent to destroy hope and connection; the agonizing feelings generated by sustained contact with such persons are the product of primitive efforts on their part to communicate and share their tortured states of mind. What appears disorganized and meaningless is organized and made meaningful, at first in the analyst's experience and, through interpretations over time, in the patient's.

Betty Joseph, following Bion, has also had a great impact on technique, arguing against the earlier Kleinian tendency to make continual interpretations of "primitive experience" in the symbolic language of body parts. Klein



assumed that such interpretations could make contact with the patient's stream of unconscious fantasy in a direct and immediate way. Joseph maintains that the patient is likely to be able to relate to such interpretations only in the form of intellectual submission and recommends a less active analyst, struggling for a longer time with confusion, only gradually sorting out the patient's projective identification, thereby making accurate interpretations possible, always in language that is close to the patient's experience. She further argues against a focus on the past, against efforts to create facile and speculative reconstructions of the patient's early experience. What is most central, she feels, is the form of connection and disconnection between patient and analyst in the here and now of the analytic relationship.

Betty  
Joseph.

These contemporary Kleinian notions proved useful for an analyst's efforts to make sense of his difficult clinical experience with George, an extremely detached and isolated middle-aged man, who had been in psychoanalysis for several years following a brief earlier analysis which he felt had been completely unhelpful. George had no intimate relationships at all; he went to work, returned home, and read or watched television. He has never had sex in any form with another person. He masturbated occasionally to fantasies of himself watching other people having sex. Thus even in his fantasies he was removed from actual contact with others.

In sessions he would offer matter-of-fact descriptions of his daily routines and express an occasional tepid longing for something more or different. A few feeble efforts at getting involved with women came to nothing when the women apparently grew impatient with his passivity and seeming lack of sexual interest.

The analyst found the work with George "killing." He would spend sessions fighting an overwhelming exhaustion. He would do different things to try to remain alert and in contact: ask questions, make interpretations, and occasionally find himself subtly urging a more active approach to living. George would go along with these well-meaning efforts to help him, but the treatment never seemed to get anywhere. George's response to the analyst's interpretations often was to tap his finger against his forehead and say, "In my head what you say makes sense." The analyst felt as if he were caught "in a sea of glue," fighting for air. He repeatedly found himself, when in George's presence, thinking of the poem "Richard Cory" by Edwin Arlington Robinson, about the quiet "gentleman from sole to crown" who "one calm summer night, / Went home and put a bullet through his head."

Consider this analyst's experience from the Kleinian perspective. One might speculate that George was responding to the analyst's efforts to help him with intense, envious spoiling. By tapping his head and saying, "In my

head what you say makes sense," George was expressing: I can't tolerate the possibility that you could give me anything that would really matter to me in a deep way; I treat your words as empty ideas, and I trivialize and thereby empty out and destroy both your ideas and my own mind which contains them; I blow my brains out not in a sudden explosion, but through a subtle, perpetual destruction of meaning and the possibility for hope, and, in that same process, I also destroy you, and any faith you have in your own capacity for love and reparation.

One might also speculate that George in some sense was provoking hope in the analyst, inducing the latter to keep trying, as a way of getting the analyst to contain the most feared segment of his own experience: the part of him that was still alive. He then systematically destroyed the hope he aroused in the analyst. Through the communicative dimensions of projective identification, the analyst came to learn firsthand of the patient's experience of both deadness and a desperate, flailing hope that is perpetually crushed.

As the analyst began to use his experience in the countertransference to generate hypotheses about the organization of George's experience, George brought in the following dream.

I was living in a large living space. (The setting is New York City, where space is enormously precious.) Yet I was using only a small portion of it. The front of the apartment was like a furniture showcase, with three or four large rooms, well decorated and beautiful, but not used. I was living behind a locked door in a small room in the back.

The session in which this dream was reported and discussed in terms of the patient's empty existence and hidden flickers of life was the liveliest session in some time, but was followed by a return to the familiar monotony. The analyst inquired about George's experience between sessions. "Oh, I never retain what we talk about," George said. "When I leave, I just turn down the volume. Sometimes I turn down the volume even when I am here."

From a contemporary Kleinian perspective, the work in this case does not center on using the patient's associations to generate interpretations aimed at the lifting of repressions through reconstruction and insight. The work centers on the analyst's own experience in the countertransference as a vehicle for grasping the various segments of the patient's self and his use of others to maintain a static equilibrium.

Until recently, Kleinian psychoanalysis has been a world unto itself. The tendency to make frequent "deep interpretations," the density of the tech-

nical language, the imaginative presumptions about the infant mind, the continual emphasis on infantile aggression—these features set the Kleinian approach apart from other schools, particularly ego psychology and interpersonal psychoanalysis. Partly under Joseph's influence, there has been a marked shift in the recent Kleinian literature away from imaginative reconstructions of infancy, arcane language, and extreme interpretations of aggression toward a greater emphasis on the transferential relationship with the analyst in language accessible to the patient. This has brought the contemporary Kleinian vision of the analytic situation much closer to that of both the interpersonalists, with their emphasis on the here and now in the analytic relationship, and also to Freudian ego psychology, with its careful emphasis on a gradual, step-by-step analysis of defenses. (See Schafer, 1994, for a discussion of what he regards as the current rapprochement between the contemporary Kleinian and ego psychology traditions.)

Klein built her theories slowly from her clinical work in the trenches, with no real interest in the intellectual currents around her. Yet she generated a way of thinking about mind and self that is, in fact, consistent with and in some sense reflective of many of the themes that characterize contemporary culture, often associated with the term *postmodernism*: the decentering of the singular self, the dispersal of subjectivity, and the emphasis on the contextualization of experience. Freud's models of mind are static, layered, and structured. Klein's vision of mind is fluid, perpetually fractured and kaleidoscopic. Further, Klein little by little managed to update the reservoir of psychoanalytic symbols. Freud's approach to symbolism provided interpreters of literature, history, and anthropology with tools for gaining access to underlying Darwinian themes of sexuality and aggression. Klein extended the palette of symbols to themes of internality and externality, life and death, blossoming and depletion, thereby making it possible to paint more contemporary themes on the interpretive canvas, for both the individual in analysis and social movements in our time.