super-ego as an internalised object, he went on to pave the way for the development of Object Relations. In two of his last papers we see Freud subdividing the ego rather as the molecule and then the atom were subdivided (Freud 1938a, 1938b, S.E. 23). The concepts of a structured ego and internalised object relationships bridge his earlier drive-based theory to the relational psychology which was most fully expressed and elaborated by the Object Relations school.

2

Melanie Klein: Subject Relations

Life

Melanie Klein is a tragic figure in psychoanalysis. Her life of loss and turmoil is reflected in the grim picture she paints of her special area: the early months of infancy and the psychotic anxieties that relate to them.

Born Melanie Reizes in Austria in 1882 – a generation after Freud – she was the youngest of four children in a Polish-Hungarian Jewish family. They lived in Vienna, making out through Klein's mother's efforts as a shopkeeper. Her father's medical career was curtailed by anti-Semitism and he had to work mainly as a dentist. Klein's mother let her know that her conception had been unintended; and she was deeply jealous that her father preferred her sister Emilie, while her mother adored her brother Emanuel. Another sister, Sidonie, died at the age of eight, the first of many bereavements that Klein was to suffer.

The family is revealed in Phyllis Grosskurth's comprehensive biography (Grosskurth 1986) as entangled and neurotic. It revolved around the powerful figure of Libussa, Klein's mother, an expert in manipulation who provided the emotional and practical focus: it was she who managed the money and kept the family going. Klein aligned herself with the prestigious grouping of Libussa and Emanuel, making a powerful trio against the weaker duo of Emilie and Moritz, their father. Klein idealised her mother as loving and self-sacrificing, and she grew up to adore Emanuel as her mother did. He was the father-substitute who noticed her intelligence and encouraged her learning, unlike her father whom she felt ignored by. After being diagnosed with tuberculosis in his early twenties Emanuel became a self-destructive drifter, exerting heavy emotional pressure on his mother to provide the means for him to travel in the style of the dying artist. When that was not sufficient, he pressured Klein to get more money out of the family for him. He died in 1902, and this was one of Klein's most painful losses.

Klein's father had died two years previously, leaving the family struggling financially. She wondered later whether the financial constraints resulting from her father's death were the reason she abandoned her plan to study medicine. She could also have been flattered and comforted in the wake of Emanuel's death by the attention she was given from the coterie of young men who admired her dark and striking beauty. She married Arthur Klein, a chemical engineer, in 1903.

The marriage was never a success and Arthur's travels meant they saw little of each other in the early years of their relationship; but Klein grew particularly fond of his sister Jolande and other relatives. They had three children between 1904 and 1914, and Klein found her new life fraught and joyless. 'I threw myself as much as I could into motherhood and interest in my child', she wrote of the period after her daughter Melitta's birth; 'I knew all the time that I was not happy, but saw no way out' (Grosskurth 1986: 42). She sank into deep depressions and Libussa sent her on numerous holidays and 'cures' during the earliest years of her children's lives. Probably post-natal depression exacerbated her general low state and Libussa, of course, was there to hold the fort, often urging her to stay away longer than she wished.

We get a picture of a lost and frightened woman, unable to manage without her mother, without a direction in her life. The imaginative and intellectual forces she unleashed later must have been tied up in her paralysing depression. In 1914, Libussa died, and it was in this period of crisis that Klein discovered psychoanalysis. She was inspired by her first reading of Freud, and entered psychoanalysis with Sandor Ferenczi in Budapest where they had recently settled. He was a warm and compassionate man who believed that people became neurotic not through instinctual conflict but through a lack of love, and Klein became greatly attached to him. He supported her resolve to become an analyst, and this must have been a crucial factor in overcoming her depression. Encouraged by Ferenczi, she began to work in an undeveloped field: psychoanalysis with children.

To do this, she needed patients who, not surprisingly, were hard to find. She solved the problem by analysing her own children and presenting them in disguised form as case studies. Though this strikes us today as shocking, it was then not unusual. Freud and Abraham, for example, both analysed their own daughters. It is also likely that having received effective analytic help herself, she wanted her troubled children to benefit from it.

Klein thus embarked on her own way of working with children, reaching further back than the Oedipal stage of development which Freud viewed as central to the formation of neurosis. She penetrated the primitive anxieties she felt her young patients were presenting with an outspoken directness that alarmed and embarrassed her colleagues. They feared that her explicit spelling-out of psychotic and infantile terrors could drive children mad.

In the meantime, Klein's marriage was deteriorating. Her husband moved to Sweden and she and the children moved to Berlin in 1921. She and Arthur were finally divorced in 1926, after protracted custody disputes. Klein entered analysis with Karl Abraham in 1924, and like Ferenczi, he became her mentor as well as her analyst. Her strong attachment to him, as to Ferenczi, perhaps reflected her professional isolation and her feeling of neglect by her father. Poignantly, the analysis had to end when Abraham became terminally ill only fourteen months later.

Klein had an extraordinarily difficult time in Berlin, and it is a mark of the effectiveness of her analyses that she never relapsed into the aimless depression of former years. Rather than turn her forceful energies against herself, she now presented as a flamboyant figure, tactless and intuitive. The German psychoanalysts did not take to her: she was a woman, comparatively uneducated and certainly not medically trained, divorced at a time when all divorce was a scandal, and from a Polish background that was low in the Jewish class hierarchy. It is interesting that her analysts, having far closer contact with her, did not have this reaction. Perhaps she felt safe enough with them to drop some of her intimidating eccentricity and reveal the depth of her suffering, her thoughtfulness and her creativity.

It must have come as a relief when Ernest Jones, the stalwart of the small British psychoanalytic scene, pressed her to move to London. He felt that her work offered a genuine new direction and should be encouraged. She moved to London in 1927 with her youngest son Erich, while her two older children remained in Berlin to finish their education.

Klein's life in Britain brought forth an extraordinary flowering of disturbing, intuitively-driven interpretations of the most primitive layers of life, which she organised into a radical set of new theoretical concepts. The British psychoanalytic world was torn in two, into those for and those against her ideas and style of working (King and Steiner 1991). The fervour she inspired in equal and opposite directions was fuelled by the insecurity of the pre-war years. Increasing numbers of Jewish analysts moved from central Europe to Britain. As the war

proceeded there were no illusions about the fate of the Jews if a German invasion of Britain were successful, and a shortage of money and very soon of patients meant that the pool of available work was spread ever more thinly.

The theoretical divide increased sharply after the arrival of the Freuds in 1938 – again engineered by Jones, to Klein's dismay. Anna Freud and her followers became personally involved in the battle against Klein, made more intense because Anna Freud was developing her own very different approach to child analysis. Finally, three separate groupings formed as the only way of keeping the British Psycho-Analytical Society in one piece: the Kleinian group; the Viennese (classical Freudian) group; and the Independents, who hoped to bridge the gap. To this day the divide remains.

Klein's personal losses continued. The only man she was romantically involved with after separating from her husband did not take their relationship as seriously as she did. He was married and had numerous affairs, of which his relationship with Klein was but one. He jilted her in 1926, and her letters to him show how agonising she found this rejection.

Klein's relationship with her daughter, probably highly vulnerable after its dubious start, soured after Melitta became established as an analyst. She, her husband Walter Schmideberg and her analyst Edward Glover led the opposition to Klein's work, making every attempt to get her thrown out of the British Psycho-Analytical Society. Klein herself never answered their attacks, but at times they were so vitriolic that others were obliged to step in. Evidently the enmeshment and deprivation which had begun with Klein and Libussa continued with Klein and Melitta, turning inside-out to force the world to witness the hatred and envy which were its underside. This was a breach that never began to heal. Melitta did not attend her mother's funeral, nor did she answer letters of condolence, even from her brother.

Klein lost her elder son Hans. He died in a climbing accident in Czechoslovakia in 1934, and Melitta made sure to suggest that he could have committed suicide. Only her youngest son Erich remained to her, and it was his children to whom she was close in her later years. The deaths of her ex-husband Arthur in 1939, and her envied sister Emilie in 1940, were further uneasy losses.

Klein was thus in a continuing state of mourning through much of her life. She used her pain to investigate in detail the early states of loss, guilt, loneliness, envy and persecution that make up her theories. Her description of her disorientation and agony following Hans' death, in which she thinly disguises herself as 'Mrs A', makes

poignant reading (Klein 1940). Although she achieved recognition and success, she was anxious that her work would not long survive her. She was revered by some, abhorred by others, and intimate with no one. In her last weeks in hospital, the crying of a baby in the next room worried and distressed her. Perhaps this response sums her up as a person. She died in 1960.

Maladroit and hostile with adults, she inspired awe or fear or hatred. In turn, she treated her colleagues less as people in their own right than as potential allies or enemies. She seems to have felt closest to children, other than her own, who were suffering. Many of her child patients remember her with affection; most of her colleagues remember her with admiration or with dislike.

Theory

Overview

This chapter aims to explain basic Kleinian theory as it was created by Klein and her colleagues. Kleinian theory is a rich and complex field which has been intensively elaborated since its inception, focusing particularly on the functioning of groups and institutions and on the detailed analysis of psychotic and borderline states and their intrapsychic and interpersonal processes. Elizabeth Bott Spillius (1988a, 1988b) has gathered together a selection of work by some of the most influential British contributors to later Kleinian theory, giving an effective overview of how this tradition has developed.

Klein always saw herself as a follower of Freud: 'I'm a Freudian', she declared, 'but not an Anna Freudian!' (Grosskurth 1986: 455–6) She did not understand why he dismissed her work as a deviation rather than a development of psychoanalysis. This must have echoed her feeling of neglect by her father, and no doubt the theoretical conflicts between Melanie Klein and Anna Freud were fuelled by the personal rivalry between these two gifted women, both of whose fathers had openly preferred their sister.

Klein did not appreciate the magnitude of the change she wrought at the roots of psychoanalytic theory. As a non-scientist, she felt no need to work within Freud's biological framework. Instead, she used his ideas to listen to the *experience* of what her patients told her. She was imaginative, intuitive and bold, making wild leaps that could be backed up only by inner resonance. The premises of her theory are philosophical rather than scientific, and subjective rather than

objective. She complained, in fact, that the classical theorists were stuffy and dry; her theory, by contrast, was vivid and alive.

The subjective base to her work means that the ways in which she uses terms such as 'instinct' and 'ego' differ from the Freudian usage. She envisages the person as a subjective agent within a subjective world of relationship, conflict and change. The outer world is experienced through the medium of this subjective world; the outer world also reaches into the inner world, influencing its nature and structure. Klein's work is a theory of 'subject relations' which marks the beginning of the Object Relations school.

In Kleinian theory, the ego, the sense of separate identity, is oriented towards external reality from birth which, like Freud, she takes as the beginning of mental life. She thus contradicted the official Freudian view that the baby is born into an initial state of non-differentiation (primary narcissism), out of which a sense of self and acknowledgement of reality gradually emerge. The ego, rather than the id, is the centre of Klein's theory, together with the libidinal and death instincts.

Klein's instinctual impulses, however, are not physiological drives, but hopes, fears and wishes experienced in bodily terms. Every inner movement is felt as an urge to connect with the object (the other) in desire or in destructiveness. The infant feels his impulses as the exchange of body substances (milk, faeces, urine) or the use of them as a weapon. Love is taking in good milk or feeding the mother with the baby's own stored-up goodness. Urine and faeces are valuable gifts, and in giving them in reality or in fantasy the child feeds – loves – the mother. Anger is a poisonous attack on the self or other by the same body substances now bad and destructive.

Klein believed the infant was born with pre-programmed 'knowledge' of the existence of the mother and basic body parts or functions, termed breast, penis, vagina; and that this pre-programmed knowledge enabled him to experience life in physical terms. Klein called this primitive and largely unconscious experience 'phantasy': Susan Isaacs (1943) gives a lucid account. Phantasy is the mental aspect of instinctual impulse, sensations interpreted pre-symbolically as actions. Strange though this may sound, there is some support for such ideas from developmental psychology, which has established that new-born babies 'recognise' the human face, 'know' how to feed from the breast, and are in fact pre-equipped with considerable knowledge and capacity (see Stern 1985). Klein, of course, was not worried about objective truth. She was getting at the subjective experience.

Like Freud, Klein saw life as the managing of the conflict between the urge to love and the urge to destroy. She assumed that the strength of the instincts was determined constitutionally, but she makes little other reference to biology. The life instinct receives scant explanation from her, beyond the assumption of Freud's view of a basic tendency to unite and create. She describes the death instinct in experiential terms as a desperate attempt at the beginning of life to undo the fact of birth and reach back to the pre-natal state with its supposed absence of conflict and frustration. (Klein began to wonder about intra-uterine life towards the end of her life, but she did not write about it.) Her conception of mental life is therefore a post-birth picture, comprised of a mixture of pre- and post-birth life instinct and an opposite reaction against it from the death instinct. The life and death instincts remain in conflict and in partial fusion until the person dies.

Although Klein may have seen this as a simple re-interpretation of the Freudian instincts, Freud must have seen it for what it was: a virtual removal of the physical roots of psychoanalysis, which in turn connected it with universal natural laws. Without these roots there was no hope of psychoanalysis being seen as a science alongside other scientific disciplines. No wonder he could not endorse her ideas.

Development of the Self

Klein saw all experience as arising from an interplay between internal and external reality. She writes of the projection into the other of innate and acquired feelings and images, and the introjection, or taking in, of external reality into the inner world of the self. There is a constant interplay, a recycling almost, of perception and feeling between the outer and inner worlds, so that both are experienced partially in the light of the other (Klein 1959).

The urge to relate, to join with the other in this projective and introjective exchange, arises partly from the presence of the death instinct. Because Klein's death instinct is the urge to abolish post-natal life, the baby feels a dread of destruction from within. There is an absolute necessity to channel this annihilating urge away from the self and into what is perceived as external; but as a result the world is turned bad through what the baby has projected into it. He therefore has a compensatory need to soften a potentially totally hostile world by projecting goodness and love into it from the life instinct. This accounts for the basic and unavoidable internal conflict

in Kleinian theory, and for the subjective nature of perception. Each person's external world is in part a reflection of his inner world, while at the same time it reaches into his inner experience and changes it.

Psychological health, in this framework, lies in the capacity to see beyond what we project, and in the ability to appreciate that there is a difference between the badness which we wish to put into the world and what is really there. Psychological ill-health arises to the extent that we see, and thus induce, the confirmation of our negative expectations which arise from bad internal object relations.

Klein regarded the body as the vehicle of mental life and the raw material of primitive experience. Phantasy is a bodily-framed language in which body parts and products stand for gifts or weapons. It is not a symbolic language: these exchanges feel as though they are actually being carried out, in what Hanna Segal termed a symbolic equation, the equating of sensation with its interpretation (Segal 1957). There is no difference between thought and deed: an angry impulse is felt *as* a poisonous or explosive attack on the other through urine or faeces, teeth or limbs; feeling loved *is* the imbibing of sweet milk, or urine or semen as milk-equivalents. It is only when the capacity for true symbolisation develops that ideas can be communicated as ideas rather than experienced as actions; phantasy retains a basic concreteness.

Klein's developmental scheme differs from the Freudian stages of libidinal development. She focuses on the baby's first year, Freud's oral stage. She came to see this phase of life as a movement between the relative predominance of two mental standpoints: the paranoid-schizoid position and the depressive position (Klein 1952). She relates all later psychopathology to the baby's early attempts to deal with the anxieties endemic to these two positions.

The positions are therefore like stages of development, and indeed at times Klein refers to them as stages. However, a stage is grown through and subsumed into a later stage, whereas a position is a perspective that can be returned to, with a specific set of attitudes through which events are interpreted. Klein also uses 'paranoid-schizoid position' and 'depressive position' as ways of capturing configurations of anxieties and defences which come into focus at certain points of early development. The emphasis on anxiety rather than well-being is typical of the overall emphasis in Klein's work on the painfulness of life rather than its joys. 'Paranoid-schizoid' and 'depressive' hardly sound attractive alternatives. Winnicott made an unsuccessful bid to have the depressive position renamed 'the stage of concern' (Grosskurth 1986: 400).

Klein therefore viewed early development not in terms of the ways in which sexuality is experienced, but in terms of how anxiety is experienced and managed.

The Paranoid-Schizoid Position

In Kleinian theory, the paranoid-schizoid position predominates in the baby's first three months, with the baby also experiencing some more realistic depressive functioning (Klein 1946). The paranoid-schizoid position or perspective is the way in which the baby attempts to manage the disruption, deprivations and anxieties which Klein assumed were crucial features of birth and early post-natal life.

The urge to make sense of chaos leads the baby to order his experience by splitting or dividing it into what he feels is good and what he feels is bad experience. These two categories are then widely separated from each other, and kept far apart. The wicked witch and the fairy godmother of fairy-tales are the good and bad aspects of mother as she is thus perceived and divided. It is more important at this stage to achieve some order than make an accurate picture of reality, to the extent that the paranoid-schizoid position predominates over the depressive. In the paranoid-schizoid position there is no neutral zone, only good and bad. There is no experience of absence, regret or loss, because absence is simply felt as something bad rather than as something good not there, and relief as good rather than bad.

Splitting enables the baby to get started with trusting and loving. Given the high intensity of living under the sway of absolute impulses with little life experience to modify their extremes, it would be impossible to relax into trust and love with the dread of imminent annihilation lurking. So by separating everything bad from everything good, the baby has the chance of experiencing total goodness and can take in (introject) this goodness (good object) as a base for his sense of self.

The price of experiencing goodness uncontaminated by badness is that at other times the baby feels himself to be in the grip of pure evil. Our central fear in the paranoid-schizoid position is that we will be destroyed by a malevolent external force. Klein termed this 'persecutory anxiety', and it is the hallmark of the paranoid-schizoid position. This dreadful experience arises partly from externally-derived bad experience, but also, and Klein felt most powerfully, from the rebounding-back of the death instinct which we have

projected into the other. Together these factors join forces to give a horrific picture of early infancy, a time that Klein's colleagues preferred to see as involving little anxiety or stress. Klein suggested that some babies die or fail to thrive because of a constitutional bias towards the death instinct: it may be impossible for them to trust or take in from a world which is shot through with badness, projected and perhaps also real.

This is the stuff of nightmare; and inevitably the baby will clutch at any straw in trying to cope with his dread, particularly if poor environmental conditions exacerbate the problems. He may resort to further splitting in an attempt to break down what has to be coped with into manageable segments, or in a destructive death instinct attack on the suffering part of himself. In an extreme, this results in the fragmentation and incoherence that we see in psychosis, where the person barely survives as a psychological entity.

The term 'part-object' describes a part or an aspect of the self or the other which may be all that the baby can perceive and relate to. The 'good breast' and 'bad breast' are the prototypical part-objects, the initial focal points of the baby's mental life. They refer not just to the actual breast, but to the mother in her feeding role, with no other characteristic included. The older baby or child may regress to part-object relating because he feels the world is so dangerous (probably through projection) that he can only deal with other people in bits. In later life, part-object relating results in other people feeling exploited by the person who simply uses them – for information, sex or money – rather than seeing them as people in their own right.

Projection and introjection arise from the same capacities as splitting. In projection, impulses which the baby cannot hold inside are split off and propelled into the other. Although the baby is doing this in phantasy, his perception is that it is really happening. Projecting hate and badness apparently rids him of his own badness, but goodness is also projected: partly to supply something good to rely on and relate to, but also to keep goodness safe from the badness that he feels is within. Introjection is another way of strengthening the division of experience into good and bad; it involves taking in goodness as a support, and taking in badness to make the outside world safer. Projection and introjection are rough-and-ready ways of coping with anxiety and making a link with another; but used excessively or destructively they sabotage the sense of a secure, coherent self and a reasonably reliable other.

Projective identification is a more complex and extreme form of projection. It consists in non-verbal communication in which one

person picks up feelings or experiences from another. If the baby's anxiety is particularly intense, he may project into the other person not just impulses, but whole aspects of the self. This defence may allay anxiety by appearing to get rid of a part of the self that feels painful or unmanageable, and it may offer the illusion of having some control over the other person. Under pressure to fall in with his needs, the other person starts acting as though he or she has really taken in the unwanted part, experiencing the feelings and impulses involved. A mild and benign version of projective identification enables one to put oneself across to others and empathise with them. In the paranoid-schizoid version, however, the person projecting his unwanted parts may end up feeling empty and depleted, confused as to where he ends and the other begins. The person projected into may have the urge to push the intruding forces straight back to the sender, without recognising their projected origins.

Projective identification has an unparalleled value in psychotherapeutic work, since the client or patient may transmit directly to the therapist the actual experience that he cannot manage. It thus forms a major part of the counter-transference, which later Kleinians extended to include all reactions and responses of the therapist in relation to the patient (Bion 1962a; Rosenfeld 1964). Projective identification has been taken up as a particularly useful concept by many schools of psychotherapy.

Denial, another primitive way of coping with anxiety, is the superficial plastering over of one state of affairs by another. The persecutory experience of frustration may be covered over with the imagined experience of satisfaction; because at this stage there is no difference between what is imagined and what is real, this is called an hallucination. When we see small babies apparently interacting with space, or sucking without being fed, they may be warding off anxiety through denial. In later life we use the same device when we act as if we do not need to attend to something which makes us anxious: going to the dentist, for example.

Klein speaks of greed as an expression of the death instinct, aggravated by anxiety and frustration. It is the ruthless exploitation of the source of goodness (in phantasy the breast) regardless of its real capacity or of one's own immediate need. It is fuelled by the anxiety that the counterpart of the good feeding breast – the bad depriving breast – will spring forth at any moment. The phantasy of greed is that we can take in not just the good milk from the good breast, but the whole good breast itself so that we can be fed

continuously from an inner wellspring over which we have total control. Of course, this absolute security is never reached, and the greedy person continues to take and take, fruitlessly waiting for an omnipotent sense of invulnerability.

Envy is one of the most controversial of Klein's concepts, developed late in her life (Klein 1957) and taken up intensively by her followers. She describes envy as a powerfully destructive impulse, directed from the earliest months against the good breast as the source of life. It is the urge to spoil what is good because it is outside the self and because it supports the self. The very goodness of the breast is a constant reminder of the separation and relative deprivation resulting from birth. Before birth, Klein believed we knew neither need nor fear: it is only our need that makes the breast good. It is this symbol of post-natal life that we want to destroy, as the death instinct pushes to destroy the fact of birth. What makes envy so destructive is that it is an urge to destroy not badness, but goodness. Envy makes it impossible to benefit from goodness, leading us to discard or destroy possibilities of help and nurturance. The primary splitting into what is good and bad is threatened by envy, because we treat goodness as something bad. Klein relates later states of psychotic confusion to the insidious effects of envy. Envious external relationships lead to envious internal relationships, wreaking havoc on a sense of clear identity and basic self-worth, as good and bad objects are confused, attacked and fragmented.

The paranoid-schizoid position, with its persecutory anxiety, is not something that we grow out of, although its force may be lessened from our first stark dealings with living. Because survival is the main issue, the paranoid-schizoid mode is ruthless and self-centred. In the grip of persecutory anxiety, we have little regard for what is true and no sense of personal responsibility: everything bad is someone else's fault. We see signs of paranoid-schizoid functioning in all areas of life, reflecting the later conception of the Kleinian 'position' as a state of mind, rather than a developmental way-station. Splitting and projection, for example, are basic to political systems such as Britain's, where each 'side' is under pressure to automatically find fault with anything the other 'side' suggests.

Klein believed that Oedipal conflicts and processes developed from the very beginning of object relating (Klein 1928), rather than arising during early childhood as Freud imagined. In Kleinian theory, the baby's relation to the father follows and reflects the baby's primary relationship with the good/bad breast. The father is the first intruder into the baby's relationship with mother. The penis, the main paternal

part-object, represents the differentiating and penetrating qualities of masculinity as the breast represents the feeding mother. The baby may experience the penis as nurturing and healing, or at other times as a scything weapon attacking his own body parts and his mother's.

Klein invokes early Oedipal phantasies in the wild and fantastic terms in which she conceived infantile experience. She envisages that bodily sensations meet with innate ideas of body parts and processes. Relationship is imagined – felt – as breast and mouth, penis and vagina, milk, urine, faeces and unborn children, in all possible combinations (Klein 1959). An early realisation of the parents' independent relationship is experienced by the baby as a gigantic combined figure, penis joined with breast, stomach, mouth or vagina in endless mutual gratification, creating ever new riches in the form of faeces-babies. Under the influence of anxiety induced by the death instinct, the baby projects his envy and rage into this monstrous figure, which then appears as a powerfully evil force, conjoined in mutual destruction and threatening to annihilate the baby and his world.

As the child begins to differentiate between the parents, he is able to distinguish the various part-objects in their phantasied relations and have different feelings towards them, partly driven by his own gender-specific sensations and corresponding desires. Klein makes a far more convincing differentiation between the girl's and the boy's Oedipal processes than Freud had managed. In Klein's thinking, the girl's phantasies are dominated by her envious attacks on her mother's insides, containing milk, father's penis, faeces, unborn siblings; this projection rebounds in an acute reflected fear about her own insides, leading to a continuing insecurity about the intactness and fruitfulness of her internal physical and experiential world. The boy's particular fear is of the father's castrating retaliation on him, following a phantasied attack on the father inside the mother. This makes him fear as well as desire what may be inside the mother. Like Freud, Klein assumed that both Oedipal processes unfolded alongside each other whatever the child's gender, resulting in children experiencing all possible desires, fears and roles in relation to their parents.

The Depressive Position

The depressive position comes into ascendancy in the second half of the first year, having begun to emerge more strongly at around three months (Klein 1935). Again, it is a matter of relative dominance:

paranoid-schizoid elements remain and we may revert to them particularly when under pressure. It is when things go well enough that the baby is able to come to terms with the worst of the paranoid-schizoid anxieties and begin to take his survival more for granted. He has less need for the splitting, denial and projective defences which kept persecutory anxiety at bay. A new view of life opens up with different things to worry about: the depressive position, with its array of depressive anxieties.

With less need to distort his perceptions, the baby in the depressive position experiences inner and outer reality more accurately. He recognises that the part-objects resulting from his splitting, the good and bad mother, father, self, are complex, whole people about whom he has mixed feelings. The early stages of this realisation bring particular anxieties: as internal and external objects become more integrated, the baby experiences absence as the loss of the good rather than simply a depriving attack by something bad. Instead of anger, his reaction is grief. It is around three months when babies begin to cry with tears; perhaps this is an expression of their greater capacity for sadness.

As splitting diminishes, different experiences fit better together. The bad is less bad, but by the same token, the good is less good. The myths of the lost Garden of Eden, the land flowing with milk and honey, evoke powerfully the mourning that we have all had to go through, leaving a sense of bliss and innocence which is real but lost for ever. We have grown too wise to see that experience as the whole picture; yet once we did.

As the world's goodness becomes tainted, so also does the baby's goodness. He realises with a shock that the malefactors he has done his best to destroy are the people he most loves and needs. This realisation makes him terrified of his anger, and this is the central fear of the depressive position. Though dreadful, it is somewhat less disastrous than the paranoid-schizoid fear of total annihilation, although the baby still feels his survival is in jeopardy through the threatened loss of his main objects. The fear of the loss of the internalised good object (person) also carries a direct threat to his identity: without it, he would feel he was wholly bad and worthless.

The baby's fear of his anger forms a major part of the super-ego and of the feelings of guilt and remorse which are further emotional challenges of the depressive position. Because he is afraid of directing his anger outwards, he turns it inwards instead, berating himself rather than the other person for being selfish and bad. This is the core of depression, and leads to the term 'depressive position'. As

the depressed person knows, it is all too possible to become paralysed by depression: pulled towards action, relationship and the outside world by anger and need, pulled against expressing feelings through fear of the consequences, sunk in obscure resentment, guilt and dissatisfaction. Melanie Klein points to the sad expressions and occasional withdrawal which we sometimes see in a baby nearing the end of his first year (Klein 1959): he is now capable of inner conflict, low self-esteem, sadness and guilt.

The pain of guilt gives rise to the new capacity for reparation. The baby comes to realise that even though anger can damage, love can mend. It is belief in reparation that prevents us getting quagmired in depression, a continuing danger for those who have not yet discovered or do not trust their ability to make amends. These people feel that their anger is too overwhelming or destructive for repair to be possible; they may have lost sight of, or never really gained, belief in their own goodness as the basis for reparation; or their guilt may itself feel too persecutory and attacking. This is especially likely if the earlier paranoid-schizoid anxieties are only partly resolved and a persecutory flavour to life continues, leading to the repressing of guilt as an intolerable feeling and a reversion to paranoid-schizoid defences.

We see young children repeatedly working through experiences of persecution, loss, guilt and reparation: tantrums and conflict alternate with an absolute need for love and an urgent necessity to give. Many are the cold cups of 'tea' which parents have been roused with at 5 a.m., and the grubby bits of biscuit offered for their enjoyment. Parents know, without necessarily knowing why, that to reject these gifts would be a crushing blow to their child's sense of having something good to give. These early forms of reparation develop into helpfulness and individual interests and talents, all ways of contributing to society. The capacity for reparation is thus a vital emotional achievement which Klein viewed as the basis of constructive living and creative power.

Klein suggests – demonstrating the cultural specificity of Object Relations – that depressive anxieties come to a crisis and may be symbolised in the experience of weaning. In Western societies, this commonly takes place at the end of the child's first year when the child may have reached the readiness to live through an experience of loss, anger and grief, and to emerge from it with increased maturity and greater appreciation of self and other. If the baby is weaned before this readiness is reached, the loss of breast or bottle feeding would simply be a depriving attack, reinforcing insecurity and the

feeling that the world was hostile. Conversely, a baby who has not enough opportunity to come to terms with loss and separation in some arena may find it relatively more difficult to develop a secure knowledge of the limits of his destructiveness and the power of his reparative love. Comparatively early weaning may be part of the tremendous emphasis placed on separateness and independence in Western society, which is also reflected in the importance allotted to the depressive position.

With the rise of the depressive position, the child's Oedipal dilemmas are initially exacerbated (Klein 1945). Rather than loving and hating the split parental part-objects while envying the powerful combined figure, he realises that the mother and father whom he loves, hates, fears and needs, are whole people in a relationship from which he is excluded. His conflicting feelings are compounded by guilt and a fear of his own destructiveness, and these are a spur to the re-finding of loving feelings in his wish to protect his parents, both internal and external. In a rare optimistic moment, Klein suggests that the child comes to accept the parental relationship not simply through fear, as Freud believed, but also through love: he wants the parents he loves to be happy, to love each other and to love him. In managing to overcome his jealousy, the child is in turn reassured that he has goodness inside him; his internalised parents feel safe and good rather than dangerous and bad, and his fears of their ghastly retaliation reduce. A gratifying form of the combined parental figure may have been what was symbolised in four-year-old Stefan's exciting dream of 'five hundred ice-creams on wheels'. Thus the child's Oedipal conflicts resolve into a greater security and confidence in himself, his parents and the world.

The paranoid-schizoid and depressive positions with their attendant issues and anxieties are in continually shifting balance through our everyday lives. At different times we feel more or less secure in ourselves and in the world, seeing things with more or less clarity, facing up to issues or hiding from them with more or less courage.

Later Kleinians have described a fixed pattern that is often dominant in those people termed 'borderline', in which paranoid-schizoid defences are used in a consistently destructive way. Reality is not denied, as in the psychotic paranoid or schizophrenic state, nor is it recognised, as in the depressive position. Instead, perceptions are perverted or distorted, so that rather than moving towards the greater integration of the depressive position with its painful experiences or loss and guilt, the person escapes backwards into the more familiar and less demanding paranoid fears and schizoid defences. Steiner

(1993) terms this state a 'pathological organisation' of the personality; Rosenfeld (1971) likens it to a Mafia-like 'narcissistic gang' controlling the mind in an inner conspiracy dominated by the death instinct. These patients and clients may be dispiriting to work with therapeutically, as their fear of further integration is immense and there may be a perverse excitement in distorting the truth which is very hard for them to resist. Intense envy makes helpful responses from the therapist particularly hard to bear; they may be heard as gloating, patronising, cold or irrelevant. The therapist may then be pulled in the counter-transference into fury and helplessness which it is tempting to give in to rather than observe and monitor. The survival of the therapeutic relationship may be all that can be achieved for a long time.

From a Kleinian point of view, psychotherapy and counselling aim to help establish the depressive way of being more securely – for it is never fully secure. Under loss and disappointment, as well as under real persecution, we more or less easily revert to the belief that the world is against us. Compassion and empathy decrease, blame increases; the experience of other people becomes less important as our own experience fills all our mental space. The way to a more secure and balanced humanity involves acknowledging and accepting our ordinariness and shortcomings, yet without turning upon ourselves in hatred and contempt. Humility is the hallmark of the depressive position.

Kleinian Psychoanalytic Work with Children

Klein's psychoanalytic play technique is one of her most important innovations, and has influenced all later therapeutic work with children (Klein 1955). Her rich experience with young children led directly to the Kleinian view of infancy.

Klein treated children as soon as they were old enough for some verbal communication to be possible – from the age of two and a half onwards. Essentially, free play takes the place that free association holds in the analysis of adults. Spontaneous play is the child's natural way of externalising his preoccupations and working through his anxieties, and offers a window on to his psychological processes.

Klein supplied each child patient with a collection of small, simple, non-mechanical toys which lent themselves to imaginative rather than technical play: figures representing adults and children; cars, boats and trains; animals, fences and bricks; and also water, sand

and clay, and paper, scissors and glue. The analyst puts into words – using the child's language and expressions as far as possible – the concerns the child demonstrates through what he does or does not do with the materials, together with what he says and expresses non-verbally. Each child's toys are kept in his own locked drawer in the consulting room. The drawer and its contents represent the inner world the child shares with the analyst, charting its change and development. Toys may be damaged, scratched or broken, and later attempts made to mend them. Drawings can be scribbled over, torn, sellotaped up or done afresh. Figures can be relegated to the back of the drawer, perhaps to be retrieved later. The drawer itself can be tidied or left in a jumble. All is under the child's control, with no one apart from the analyst having access to it. The medium of play has proved itself a simple and obvious means of communication at conscious and unconscious levels, though Klein expected the child to communicate verbally as well. Her aim was for the child to develop the ability to express and resolve his anxieties, feelings and thoughts in words as well as play, to his full individual potential.

Typically, when a child first enters the analyst's consulting room, he will hesitantly select one or two toys, place them in a configuration or begin to use them in a way which gives a clue to his state of mind. Very often and especially at the start, the child's anxiety will be evoked by the unfamiliar situation he finds himself in. He may retreat behind a door, draw with a tense and anxious concentration, or place a toy in potential danger. The Kleinian analyst tries to pick up on the child's most intense anxiety, which in a Kleinian framework may be understood as arising from fears about his sexual, needy or angry feelings towards the important people in his world, reflected in the transference. By putting his anxieties into words, Klein believed the child could feel understood and supported so that his fears would be less overwhelming.

Insensitively handled, this approach may be intrusive rather than containing, and many of Klein's contemporaries were frankly alarmed at the thought of articulating children's unconscious fears so directly. However, an important feature of Kleinian work, then and now, is the close and thoughtful attention given to the details of the psychic experience of both patient and therapist. The Kleinian practice of infant observation in psychotherapy training contributes to the capacity for accurate and empathic observation, and has been increasingly taken up in other forms of training. Kleinian theory continues to derive as directly as possible from clinical experience rather than abstract speculation (Schoenhals 1994).

Anna Freud was developing her own psychoanalytic work with children at that time, and much of the controversy surrounding Klein's work was between those who espoused Anna Freud's approach and those who supported Klein's. Both have developed into effective work with children through different institutions and have over time become less divergent. Comparing Anna Freud's approach (A. Freud 1927) with Klein's brings out the essence of Klein's approach.

Anna Freud concurred with her father's view of the centrality of the Oedipus Complex, with its crisis and resolution between the ages of about three and seven. In her view, therefore, there was little point in full psychoanalytic work with children before the age of six or seven, because until they had lived through their major formative experience they were in a sense incomplete people. Without a stable ego or super-ego, their future personality could be endangered by over-attention to the id drives which they could not yet be expected to control. As we know, Klein thought that Oedipal conflicts and primitive ego and super-ego structures developed from the beginning of object relating, at birth. There was therefore every reason for her to recommend working with troubled children as early as possible, before their difficulties proliferated and became established.

Anna Freud pointed out that children were most unlikely to initiate their own psychotherapeutic treatment: it was far more likely that the parents, rather than the child, would be suffering from their child's disturbed behaviour and would therefore seek treatment for him. The analyst's first task was to make a relationship with the child in order to create a motivation for the analysis; this might be done through playing with him or making things with or for him. The analyst should present herself as a friendly and reassuring figure, rather like a favourite aunt; and in order to avoid impossible confusion, the rules of behaviour for the consulting room should be similar to the expectations of the outside world. The aim was to foster the child's liking and respect.

Klein, on the other hand, felt that only the disturbed child's inexperience and helplessness prevented him from seeking help. It was counter-productive to try to make the child like the analyst, which would only mask his problems. She thought that when children experienced how analysis could help them with their anxieties, they would develop their own motivation for the therapeutic work with its inevitable tribulations.

Their views on transference were also opposed. Anna Freud believed that as the child lived with and depended on his parents he would

not transfer these relationships on to that with the analyst, making transference interpretations misplaced. Klein, however, understood the child to be as involved in transference as the adult. The relationship transferred was not so much the child's external relationship with the parent as his inner relationships with the internalised parents and part-parents. These inner objects may have formed before the depressive position predominated, as all-powerful fragments of good or evil within. It was the extreme and unrealistic fears and wishes associated with these inner objects which the child relived in the transference relationship. It was therefore crucial, in Klein's view, to interpret the child's transference.

Because Anna Freud believed that the Oedipus Complex was not resolved before six or seven, she also assumed that the child's super-ego only came into being then and remained undeveloped for some time, especially in those children who were disturbed enough to need analysis. The analytic task was therefore in part to help reinforce the child's weak super-ego. She suggested that the analyst may need to hold more authority than the parents for the period of analysis in order to influence the child's development; whereas delving into the unconscious could overwhelm the child's fragile personality.

Klein, on the other hand, believed that children needed exactly the same approach as adults. For her, children were not incomplete people, but young human beings experiencing life with particular intensity and with an openness to unconscious processes which adults rarely retain. She believed that from their earliest years children could feel harshly persecuted by a super-ego infused with persecutory anxieties. Like many adults, children often needed to develop more compassion for themselves through modifying the ruthlessness of their inner judgements. The analyst's task was not to help socialise children. This role belonged to their parents and the world outside therapy, and Klein believed that even two-year-olds could differentiate between what was appropriate in the consulting room and what was allowed elsewhere. She believed that the analyst's task was to help the child face his deepest anxieties; by naming them and working them out through play and words, he could further resolve them. Although she prevented children from injuring themselves or her, attacks on toys and attacks with words were essential to the realisation of these goals. Reassurance, she felt, had as little place in the analysis of children as in the analysis of adults. She thought it would give the child the impression that the analyst could not bear his feelings or fears, forcing him to bury them once more rather than confront them.

Both approaches have developed since then. The Anna Freudian approach has taken up parts of the Kleinian approach, such as working with younger children and recognising that children develop transference relationships, while the Kleinian approach may now take more account of the child's external environment and look beyond the world of transference.

Klein's approach demonstrates her respect for the child as a person with the capacity to endure and develop through his own experience, given recognition and support. Her opposers, from her own time to the present day, feared her approach was an ill-advised opening of Pandora's box; but the children she worked with, now middle-aged adults, remember her with fondness – partly because she did not in practice keep so severely to the rules she outlined. She would offer comfort as well as analysis to a child in deep distress, extend hope to a child who felt life was not worth living, start playing with a child who was too inhibited or too unrelated to express himself. Her beliefs and her humanity shine through most clearly in her work with children. With the sad exception of her own children, she seemed to understand and feel at ease with them.

Commentary

Kleinian theory makes a leap from biology to psychology (Greenberg and Mitchell 1983). Instead of seeing the workings of the mind as fundamentally an aspect of the body, meaning, relationship and subjective experience become the touchstones for understanding human beings. Psychoanalytic theory gained emotional vividness and depth, though at the expense of a more systematised theory. Kleinian theory perpetuates the mind–body division of Freudian theory by replacing a physical predicate with a mental bias. The Object Relations school was a direct development of this crucial shift of focus.

While Freud reached back to the child in the adult, Klein reached the infant in the child and therefore also in the adult. Her play technique forged a means of communication which has shaped all later psychotherapeutic work with children, and her grasp and articulation of primitive processes have structured and deepened the understanding of psychotic and borderline states. She provided a framework for conceptualising and thus tolerating early and disturbing levels of experience, extending the range of disturbance that psychotherapy can address.

Klein's theoretical focus on the mother–child relationship and on the girl's development as a process in its own right redressed the male-centredness of Freudian theory. Her psychoanalysis does not otherwise address difference, rooted as it was in the social assumptions which were reflected in current theory. The biological premises of psychoanalysis and the influence of Darwin's evolutionary theories meant that homosexual and lesbian development were inevitably seen as deviant; and because of the supposed universality of psychoanalysis, little attention was paid to class, national or ethnic groupings (but see Klein 1959: Postscript). Klein commented, however, that she would be very interested to analyse a person from a different culture, indicating that she thought there would be at least some important differences. She also remarked that she had found working with highly religious people difficult: the Freudian view of religion as illusion, which she shared, would have brought about a philosophical clash (Grosskurth 1986: 443).

Klein's neglect of environmental factors has been widely criticised. In her theory it is the baby's nature that gives rise to his suffering, and the hate which derives from the death instinct is a psychoanalytic version of original sin. This pathological view of the human condition reflects Klein's anxious adherence to Freudian theory. In order to be fully biological, conflict is regarded as intrinsic to the person rather than a function of the individual's relationship to the environment. Perhaps she might have modified these premises of psychoanalytic theory had she felt freer to depart from the accepted Freudian views: her case studies demonstrate the significance she actually allotted to the child's experiences in his family. Individual psychology, she suggests, is made up of 'internal processes arising from constitutional and environmental factors' (Klein 1945). She saw psychological experience, therefore, as a third area, influenced by but not reducible to either the innate capacities or environmental forces which contribute to it. Original sin seems to be joined by free will.

Early critics of Kleinian theory objected to her concrete and crude expressions of selfhood, with internalised penises, breasts and vaginas and preoccupation with faeces, urine and unborn babies, which sound more like actual objects than mental phenomena (King and Steiner 1991: 405). Klein replied that she developed her psychoanalytic language directly from her work with children, whom she talked to in their own words and their own ways: these were not symbolic and delicate, but earthy and blunt. Klein presents her theory as what a baby or a child would say if he were able to, rather than as an academic deduction or abstraction of what she found. Her theory is more descriptive and evocative than explanatory. In recent years,

however, Kleinian work with children has become less of a focus, with more attention being given to primitive processes and states of mind in adults. The language of Kleinian theory now involves fewer references to concrete part-objects such as penis and breast, and more to psychological functions such as seeing and hearing, thinking and experiencing. Part-objects are seen more in terms of a mode of relating than as the building blocks of phantasy.

Klein took the ego for granted, with its libidinal and death drives manifested as autonomous capacities for loving and hating. To some degree we must accept this starting place: any theorist must choose her premises and areas of focus. However, the assumptions Klein made undermine her stated adherence to drive theory. If the 'instincts' only become active at birth, what was their status before? If, as she suggested, there was no cause for the foetus to experience separateness and thus object relationship, what were the drives doing then? Her theories imply a state of pre-natal suspended animation which does not ring true with personal experience or later research. She seems to be caught between her wish to be faithful to the drive premises of Freudian theory and the fact that her framework holds together better with a basis in object relation, which would allow love and hate to be seen as phenomena in their own right rather than as manifestations of quasi-biological instincts. Explicit references to the death instinct are now seldom made, although constitutionally-based intrapsychic conflict and primitive destructive processes remain central to the Kleinian view of the person.

It has often been said that Klein attributes impossibly sophisticated and complex processes to the young and inexperienced infant. Daniel Stern (1985) suggests that early phantasies and the defences of splitting and projection imply an awareness of duality and spatial organisation, together with a capacity for symbolisation, which do not develop before the second year. He post-dates Kleinian psychological processes to the period when the child is beginning to use language rather than the months after birth. This would imply that Klein mistook the young child's current internal reality as expressed through his play and his words for a regressed or earlier reality: paranoid-schizoid processes appeared because the child was now able to think and feel in this way, revealing nothing about how he experienced life as an infant.

Very similar points were made by Klein's contemporaries, who also viewed the Kleinian phantasy world as impossible to attribute to the infant (King and Steiner 1991: 348–52; 434–8). Where, they asked, would the baby learn about penises and vaginas, let alone unborn children? Where would he have experienced the drowning

and the poisoning, the floods, fires and explosions that were supposed to arise from his own faeces and urine? Surely these were sophisticated verbal phantasies, probably the analyst's own, which were being foisted on those unfortunate patients who found themselves in Kleinian clutches.

Phantasy is unconscious and pre-symbolic; but our only means of articulating it is language, which is conscious rather than unconscious and presupposes a more sophisticated mind. Verbal expression brings an unavoidable baggage of structures, processes and capacities from a differently organised mentality. The most words can do is give an obscure sense of what the phantasy could be if it were conscious and able to be articulated. The body parts and violent processes of Kleinian language are evocations rather than content. They refer obliquely to the experience rather than bearing a direct equivalence, and changing Kleinian language reflects the conceptual and linguistic changes in Western society.

Klein also suggests that while the baby has some vague awareness of what we would later call separateness, cognitive structures such as spatial and temporal awareness resonate with rather than precede phantasy, echoing something already felt. It is for this reason that Klein postulates an innate knowledge of an object and some of its functions (part-objects) as the *sine qua non* of phantasy. Later research has gone on to establish that the new-born baby is indeed equipped with capacities and presumably unconscious 'knowledge' which enables him to survive through perceiving, feeding from, interacting with and making sense of another person (Stern 1985).

Fairbairn (1952) disagreed with Klein's concept of the primary good internal object. He could see no reason for the baby to internalise another person, or aspects of them, unless the relationship between them had become blocked. In his view the internal object is a sign of pathology, albeit universal; whereas in Klein's theory the child builds his whole sense of self around the good internalised object. She saw this as a benign rather than a destructive attempt to reverse the separation brought about by birth, beautifully expressed in one of her late papers: 'The good breast is taken in and becomes part of the ego, and the infant who was first inside the mother now has the mother inside himself' (Klein 1975: 179).

Klein's colleague Ella Sharpe argued that the illusory nature of this post-birth union provides a shaky foundation for the identity (King and Steiner 1991: 337–40). While it may be temporarily expedient, she felt that people should grow out of their childish clinging to the parents within. True maturity involves autonomy and separation, and the acceptance that each individual is fundamentally alone.

It is arguable that to base our most intimate sense of self on something imported is alienating, but Sharpe's objection is hard to uphold overall. Her viewpoint assumes that it is possible to relate to another person without at some level identifying with them (Bion 1962b). Klein felt that in perceiving and wanting something outside our control, we already have an internal sense of what that something could be, or at least how it could make us feel. Thus the mouth in wanting the nipple experiences a gap, an idea, which is nipple-shaped. The feel, smell and appearance of the real nipple and milk that the baby physically takes in, colour and elaborate the 'idea' the baby already has in his aching lips, palate and throat. The next time the baby's need to feed, suck or take in gives rise to the 'idea' of the feeding breast, it will be a fuller, more embodied breast that he wants and seeks. This process of idea and realisation is what Klein refers to as the constant interplay between projection and introjection, between the baby finding what he expects to find, and expecting to find in part what he has already found. Relationship arises through experiencing what is inside and what is outside as in some way the same: in other words, identification. Klein's concept of the self built around the good object expresses her commitment to the primacy of relationship. The core of the self is the confluence with another, underscoring our inescapably social nature.

Perhaps the most difficult aspect of Klein's work lies in the emotional demand she makes on her readers. The unrelenting horror and suffering that she presents as unavoidable and perhaps predominant in any human life strike us as chilling and, we may hope, misguided. Can the zenith of achievement really be the capacity to bear depression and ambivalence?

Of course the capacity for depression means that we can be more secure, related and happy, but Klein's terminology indicates that this was not what drew her interest. The loneliness arising from her tragic losses and from her difficult, conflicted, self-centred personality must have been a potent influence on her theories. Yet in shining a torch on these most shadowy corners, she left us a stark clarity that would have been compromised by a more balanced approach. Klein's eccentric courage led her to face suffering and destructiveness more directly than did her colleagues, without deviating from the values of self-responsibility and ethical concern for others which are the hallmark of the resolved depressive position. Having a personal understanding of Klein inside us can help us, in turn, face the extremes of our own and others' hate, fragmentation and despair. Her theory can help us bear the most dreadful parts of human beings.