"INTRODUCTION TO THE KLEINIAN TECHNIQUE IN PSYCHOANALYSIS" by Hannah Segal, M. D.

Presented on January 10, 1966 at a Joint Meeting of the Southern California Psychoanalytic Society and Los Angeles Psychoanalytic Society.

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INTRODUCTION TO THE KLEINIAN TECHNIQUE IN PSYCHOANALYSIS*

by Hanna Segal

The Kleinian technique is psycho-analytical and strictly based on Freudian psycho-analytic concepts. The formal setting is the same as in classical Freudian analysis; the patient is offered five or six fifty-minute sessions a week; a couch is provided for him to recline on, with the analyst sitting behind him; he is invited to free-associate and the analyst interprets his associations. Not only is this formal setting the same as in classical technique, but in all essentials the psycho-analytical principles as laid down by Freud are adhered to. The role of the analyst is confined to interpreting the patient's material, all criticism, advice, encouragement, reassurance, etc. being rigourously avoided. The interpretations are centred on the transference situation, taking up impartially manifestations of positive and negative transference as they appear. By transference I mean here not only the "here and now" relation to the analyst, but the relation to the analyst including reference to past relationships as transferred onto the analyst and current problems and relationships in their inter-relationship to the transference. Special attention is paid to the transference onto the analyst of internal figures from the patient's inner world. The level at which the interpretations are given, again as indicated by Freud, is determined by the level of the patient's maximum unconscious anxiety. In those respects, the Kleinian analyst may be considered as following the classical Freudian technique with the greatest exactitude, more so indeed than most other Freudian analysts, who find that they have to alter their analytical technique in some of its essential aspects when dealing with pre-psychotic, psychotic or psychopathic patients. Analysts using the Kleinian approach (Rosenfeld, 1965; Segal, 1950/56; Bion, 1956/57/58/59) find it both possible and useful to retain the strictly psycho-analytical technique even with these patients.

Could it be said, therefore, that there is no room for the term "Kleinian technique"? It seems to me that it is legitimate to speak of the technique as developed by Melanie Klein in that the nature of the interpretations given to the patient and the changes of emphasis in the analytical process show, in fact, a departure, or, as Melanie Klein saw it, an evolution from the classical interpretations. She saw aspects of material not seen before, and interpreting those aspects revealed further material which might not have

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been reached otherwise and which in turn dictated new interpretations seldom, if ever, used in the classical technique.

To understand the rationale of the Kleinian approach and to appreciate the way in which the technique grew, it is best to place it in its historical setting. When Melanie Klein, in the 1920's, started her work with children, she assumed that Freud's method could be applied to children with only such modifications as would not alter the essence of the psycho-analytical relationship and interpretative process. Since children do not verbalise easily and play is one of their major means of expression, she provided each child patient with a drawer of small and simple toys and play material and interpreted their play, behaviour and verbal communications, in the way in which she would interpret an adult's free associations. She observed that children develop a transference, both positive and negative, very rapidly and often intensely. She found that the children's communications, through various activities in the session, revealed their unconscious conflicts with the same, and often indeed greater, clarity as the adults' free associations. The analysis of children fully confirmed Freud's deductions about childhood derived from work with adults, but, as might be expected, certain new facts emerged. The oedipus complex and the super ego seemed to be in evidence at an earlier age than one would have expected and to have pregenital, as well as genital, forms. Indeed, the roots of the oedipal situation seemed to lie as far back as the second oral phase. The super ego of the small child was equally well in evidence, possessed of savage and primitive oral, anal and urethral characteristics. She was impressed by the prevalence and power of the mechanisms of projection and introjection; the introjections leading to the building of a complex inner world and the projections colouring most of the child's perception of reality. Splitting was very active as an early mechanism preceding repression, and the child's development appeared to be a constant struggle towards integration and the overcoming of powerful splitting mechanisms. Once seen in the child, those more primitive levels of experience could be understood and detected in the material of adult patients.

Working at the primitive level of the child's world led Melanie Klein to broaden the concept of unconscious phantasy. "As the work of psycho-

analysis, in particular the analysis of young children, has gone on and our knowledge of early mental life has developed, the relationships which we have come to discern between the earliest mental processes and the later more specialized types of mental functioning commonly called 'phantasies' have led many of us to extend the connotation of the term 'phantasy' in the sense which is now to be developed. (A tendency to widen the significance of the term is already apparent in many of Freud's own writings, including a discussion of unconscious phantasy.)" (Susan Isaacs, 1952). Unconscious phantasy springs directly from the instincts and their polarity and the conflicts between them. Susan Isaacs defined it as "the mental correlate of the instincts" or "the psychic equivalent of the instincts". In the infant's omnipotent world, instincts express themselves as the phantasy of their fulfilment. "To the desire to love and eat corresponds the phantasy of an ideal love-, life- and food-giving breast; to the desire to destroy, equally vivid phantasies of an object shattered, destroyed and attacking." (Segal, 1964.) Phantasy in the Kleinian view is primitive, dynamic and constantly active, colouring external reality and constantly interplaying with it. "Reality experience interacting with unconscious phantasy gradually alters the character of phantasies, and memory traces of reality experiences are incorporated into phantasy life. I have stressed earlier that the original phantasies are of a crude and primitive nature, directly concerned with the satisfaction of instincts, experienced in a somatic as well as a mental way, and, since our instincts are always active, so a primitive layer of primary phantasies are active in all of us. From this core later phantasies evolve. They become altered by contact with reality, by conflict, by maturational growth. As instincts develop instinct derivatives, so the early primitive phantasies develop later derivatives and they can be displaced, symbolized and elaborated and even penetrate into consciousness as daydreams, imagination, etc." (Segal, 1963). This broader concept of phantasy provides a link between the concept of instinct and that of ego mechanisms. "What Freud picturesquely calls here 'the language of the oral impulse', he elsewhere calls 'the mental expression' of an instinct, i.e. the phantasies which are the psychic representatives of a bodily aim. In this actual example, Freud is showing us the phantasy that is the mental equivalent of an <u>instinct</u>. But

he is at one and the same time formulating the subjective aspect of the mechanism of introjection (or projection). Thus phantasy is the link between the id impulse and the ego mechanism, the means by which the one is transmuted into the other. 'I want to eat that and therefore I have eaten it' is a phantasy which represents the id impulse in the psychic life; it is at the same time the subjective experiencing of the mechanism or function of introjection." (Isaacs, 1952) This applies to all mental mechanisms, even when they are specifically used as defence. "We are all familiar with phantasying as a defensive function. It is a flight from reality and a defence against frustration. This seems contradictory to the concept of phantasy as an expression of instinct. The contradiction, however, is more apparent than real; since phantasy aims at fulfilling instinctual striving in the absence of reality satisfaction, that function in itself is a defence against reality. But, as mental life becomes more complicated, phantasy is called upon as a defence in various situations of stress. For instance, manic phantasies act as a defence against the underlying depression. The question arises of the relation between the defensive function of phantasy and mechanisms of defence. It is Isaacs' contention that what we call mechanisms of defence is an abstract description from an observer's point of view of what is in fact the functioning of unconscious phantasy. That is, for instance, when we speak of repression, the patient may be having a detailed phantasy, say, of dams built inside his body holding back floods, floods being the way he may represent in phantasy his instincts. When we speak of denial, we may find a phantasy in which the denied objects are actually annihilated, and so on. The mechanisms of introjection and projection, which long precede repression and exist from the beginning of mental life, are related to phantasies of incorporation and ejection; phantasies which are, to begin with, of a very concrete somatic nature. Clinically, if the analysis is to be an alive experience to the patient, we do not interpret to him mechanisms, we interpret and help him to relive the phantasies contained in the mechanisms." (Segal, 1963).

The understanding of Melanie Klein's use of the concept of phantasy is necessary for the understanding of her technical approach to resistance, if we take resistance to be synonomous with defences against insight. The

criticism has been advanced that the Kleinian analyst interprets the content of unconscious phantasies and neglects the analysis of defences. This criticism is, I think, based on a misunderstanding of our way of handling defences. We attach great importance to analysing the unconscious anxiety that is defended against in conjunction with the analyses of the defences against it, so that the emergence of the defended material into consciousness is facilitated not only by the analysis of the defences, but also by the lessening of the unconscious anxiety. This is particularly important when one reaches into the deep psychotic layers of the personality, as otherwise the ego may be flooded by psychotic anxieties. In the early days of psycho-analysis, it was considered dangerous to analyse pre-psychotics in that analysis of defences could expose the weak ego to a psychotic breakdown. This anxiety was fully justified. It is far safer to analyse pre-psychotics now, when we do not analyse predominantly resistance or defences, leaving the ego defenceless, but have some understanding of thepsychotic phantasies and anxieties which necessitate these defences and can modify those anxieties by interpretations, which are directed at the content as well as at the defences against it. The concept of mental mechanisms as one facet of phantasy life implies also that there is less division between interpretations of defence and those of content, and interpretation can deal more readily with the patient's total experience.

The same applies to the interpretations of structure. Susan Isaacs established the connection between the concepts of instinct, mental mechanism and phantasy. I have extended it further, connecting phantasy with ego and super ego structure, a connection which is implied in Susan Isaacs' paper, but not explicitly stated. "If one views the mechanisms of projection and introjection as being based on primitive phantasies of incorporation and ejection, the connection between phantasy and mental structure becomes immediately apparent. The phantasies of objects which are being introjected into the ego, as well as the loss of the ego by phantasies of projective identification, affect the structure of personality. When Freud described the super ego as an internal object in active relationship with the id and the ego, he was accused by academic psychologists of being anthropomorphic, but what was he in fact describing? This structure within the ego is the

end result of complex phantasies. The child in phantasy projects some of his own aggression into a parental figure; he then in phantasy incorporates this figure and, again in phantasy, attributes to this figure various attitudes and functions. Melanie Klein has shown that other objects, earlier than the super ego described by Freud, are similarly introjected, and a complex internal world is built in phantasy and structuralized. The fact that structure is partly determined by unconscious phantasy is of paramount importance from the therapeutic point of view, since we have access to these phantasies in the analytic situation and, through mobilizing them and helping the patient to relive and remodel them in the process of analytical treatment, we can affect the structure of the patient's personality." (Segal, 1963.)

This view of phantasy affects the technique, in that the patient's material is looked at differently than in the classical technique. All the patient's communications in the session are viewed as containing an element of unconscious phantasy, though they may seem concerned with incontrovertible external facts. For instance, a patient may open a session by complaining that it is cold and raining. The analyst will, however, keep an open mind about a possible phantasy content. Is the patient complaining of the analyst's unfriendliness? Is he complaining about the interval between sessions and, if so, did he feel as a baby left crying in the cold or as a baby left with a wet nappy? Did he feel that his omnipotent urination has led to a flood? No interpretation will be given, of course, until further material provides the meaning, but the analyst is alerted to the fact of coldness and wetness as a communication about something in the patient's inner world as well as in the weather.

In the phantasy world of the analysand, the most important figure is the person of the analyst. To say that all communications are seen as communications about the patient's phantasy as well as current external life is equivalent to saying that all communications contain something relevant to the transference situation. In Kleinian technique, the interpretation of the transference is often more central than in the classical technique.

Our understanding of the central role played by unconscious phantasy and transference affects the course of the analysis from the very first session.

The question is often asked by students, should transference be interpreted in the first session? If we follow the principle that the interpretation should be given at the level of the greatest unconscious anxiety and that what we want to establish contact with is the patient's unconscious phantasy, then it is obvious that, in the vast majority of cases, a transference interpretation will impose itself. In my own experience, I have not had a case in which I did not have to interpret the transference from the start. A patient undertaking a psycho-analysis is bound to come to his first session full of hopes and fears, and to have formed phantasies about the analyst as soon as he came in contact with him, or even before - as soon as he knew he was going to meet him. These hopes and fears, and the resistance against them, are often more clearly presented in the first session than in the later ones. Interpreting them has the effect of both lessening the unconscious anxiety and, from the start, focusing the patient's attention on the central role of the analyst in his unconscious. These interpretations have, of course, to be formulated in a way which is acceptable and understandable to a patient as yet unfamiliar with the analytic technique. To give a not uncommon example, an obviously frigid and "shut-in" woman patient, in her first session, is first silent, then expresses some anxiety about how to behave, what to say, etc. The analyst may interpret her fear of his getting in touch with her mind. Then the patients proceeds to describe her father as a violent man, often drunk, who used to terrify her. The analyst can interpret that she hopes he will get in touch with her and understand her, but is also frightened that his interpretations will be violent and terrifying and that he will penetrate her mind and damage it. In this situation, the fear of being physically raped, which may already be clear to the analyst, need not be interpreted, but its mental equivalent is near enough to the patient's anxieties to be brought into consciousness. A correct interpretation of this anxiety is necessary to enable the patient to "open out".

Another question is often asked in relation to the first session, at what level to interpret? Should interpretations be deep or superficial? This again is dictated by the principle of interpreting at the level at which anxiety is active. It is by no means so that the patient presents first genital, then anal, and finally oral material. He presents material

at the level at which, at that moment, anxiety is centred. For instance, to establish contact with a schizophrenic, it is usually necessary from the start to interpret the most primitive forms of projective identification, if one is to get in touch with him at all. Thus, I interpreted, in the first session, to a schizophrenic adolescent, that she felt she had put all her "sickness" (the word she used) into me the moment she entered the room, and, as a result, felt me to be a sick and frightening person. A little later in the session, I interpreted that she was afraid that my talking would put the "sickness" back into her. These interpretations, in my view, lessened her immediate paranoid reactions and enabled her to stay in the room and communicate with me.

Even in the relatively healthy, however, oral or anal anxieties may be clearly presented in the transference situation in the first session. Thus, a candidate started the session by declaring his determination to be qualified in the minimum time and to get in all the analysis he could in the shortest possible time. Later in the session he spoke of his digestive troubles and, in another context, of cows, presenting a picture of his phantasy about the relation to the analyst so clearly as to enable me to make the interpretation that I was the cow, like the mother who breast-fed him, and that he felt that he was going to empty me greedily, as fast as possible, of all my analysis - milk; an interpretation which immediately brought material about his guilt in relation to exhausting and exploiting his mother.

I have described the approach to the first session in order to emphasize that, from the start, we try to get in touch with the patient's unconscious phantasy, as manifested in the transference. This does not mean, however, that analysis is concerned with the description of phantasies in the void. A full interpretation of an unconscious phantasy involves all its aspects. It has to be traced to its original instinctual source, so that the impulses underlying the phantasy are laid bare. At the same time, the defensive aspects of the phantasy have to be taken into account, and their relation has to be traced between phantasy and external reality in the past and the present.

It is the contention of Melanie Klein and her co-workers that the application of these principles in the analusis of children, adults and, in more recent years, psychotic patients as well has enabled us to reach deeper

layers of the unconscious. These deeper layers must be taken into consideration if we are to understand the analysand's anxieties and the structure of his internal world, the basis of which is laid in the early infancy. This accounts for the fact that interpretations at an oral or anal level and of introjective or projective mechanisms play a much larger part than in the classical technique.

In the development of psycho-analysis, as in most sciences, there is an inter-relation between technical innovations and theoretical concepts, changes in technique revealing new material, leading to new theoretical formulations, and the theoretical concepts in turn leading to new techniques. It is impossible to speak of Melanie Klein's technique without bringing in some aspects of theory. As is probably well-known by now, Melanie Klein describes two stages in the oral phase, corresponding roughly to Abraham's pre-ambivalent and ambivalent stages. She calls them the paranoid-schizoid and the depressive positions, and describes two different types of ego and object-relation organization belonging to these two stages. In the paranoid-schizoid position, the infant has no concept of a whole person. He is related to part objects, primarily the breast. He also experiences no ambivalence. His object is split into an ideal and a persecutory one, and the prevalent anxiety at that stage is of a persecutory nature, the fear that the persecutors may invade and destroy the self, and the ideal object. The aim of the infant is to acquire, possess and identify with the ideal object, and to project and keep at bay both the bad objects and his own destructive impulses. Splitting, introjection and projection are very active as mechanisms of defence. The analysis of these persecutory anxieties and of the defences against them plays an important part in the Kleinian approach to technique. For instance, if the analyst is very idealized, he will be particularly watchful for the appearance of bad figures in the patient's extra-analytical life and take every opportunity of interpreting them as split-off bad aspects of himself. He will also be watchful for the projection of the patient's own destructive impulses into those bad figures.

An important mechanism evolved in the paranoid-schizoid position is that of projective identification. In projective identification, a part of the patient's ego is in phantasy projected into the object controlling it,

using it and projecting into it his own characteristics. Projective identification illustrates perhaps most clearly the connection between instincts, phantasy and mechanisms of defence. It is a phantasy which is usually very elaborate and detailed; it is an expression of instincts in that both libidinal and aggressive desires are felt to be omnipotently satisfied by the phantasy; it is, however, also a mechanism of defence in the same way in which projection is. It rids the self of unwanted parts. It may also be used as a defence, for instance, against separation anxiety. Here is an example of the difference between interpreting only projection and interpreting projective identification. A student reported a case in which his woman patient, preceding a holiday break, was describing how her children bickered and were jealous of one another in relation to her. The student interpreted that the children represented herself, jealous about him in relation to the holiday break, an interpretation which she accepted without being much moved. He did not interpret that she felt that she had put a jealous and angry part of herself into the children and that that part of her was changing and controlling them. The second interpretation, for which there was plenty of material in preceding and subsequent sessions, was of very great importance, in that it could be shown to the patient how, by subtle manipulations, she was in fact forcing the children to carry those parts of herself.] Often a transference situation can only be understood in terms of projective identification, a situation, for instance, in which the patient is silent and withdrawn, inducing in the analyst a feeling of helplessness, rejection and lack of understanding, because the patient has projected into the analyst the child part of himself with all its feelings.

A schizophrenic patient, whose analysis I supervised, at the beginning of his analysis used to stand with his back to the analyst, a huge table separating them. This patient had been separated from his mother and evacuated overseas when he was a small child. The analyst interpreted mainly that the table represented the ocean that separated him from his mother and how he used it to "turn the tables on her". In turning his back to her, he was the rejected mother and he was putting into the analyst the desparate child part of himself. Following certain indications, such as the patient's change of posture, and using her counter-transference feelings, she could

interpret in great detail the kind of feelings he felt he was projecting into her. The patient reacted to this interpretation sometimes as a persecution, which would then be interpreted as his feeling that she was forcibly and maybe vengefully pushing these feelings back into him. Gradually the feelings of persecution lessened, the patient gave up his posture behind the table and felt able to communicate with the analyst by speech. Such a situation can also be seen as reversal, a well-known mechanism described by Freud. It is not, however, sufficient to interpret to the patient that he is reversing the situation of separation. One has to interpret in detail his introjective identification with the rejecting mother and the projective identification of the rejected child part of himself, identifying and describing its feelings and interpreting the detail of the phantasy how this part is projected. For instance, the faeces and the flatus may contain the parts that the patient wishes to project. Hence, turning his back to the analyst could have not only a symbolic meaning, but could also relate to phantasies connected with his wish to defaecate into the analyst.

States of mind, in which projective identification predominates, may leave the patient feeling depleted, since part of himself is missing, persecuted by the analyst filled with his projections, and confused with the analyst. This is particularly noticeable in the case of the schizophrenic, who immediately forms a violent psychotic transference, whose anxiety and confusion can only be relieved by interpretations of identification (Rosenfeld, 1965; Segal,).

It is to be emphasized, however, that the analysis of the paranoid-schizoid object relationships and defences is not confined to the analysis of the psychotic and the pre-psychotic only. In the schizoid, defences, though originating in the earliest stages of development, are repeatedly regressed to and revived as a defence against feelings aroused in the depressive position.

The depressive position starts when the infant begins to recognize his mother. Throughout the paranoid-schizoid position, normal processes of maturation are helped by, and help in turn, the psychological drive to integration and eventually sufficient integration is achieved for the infant to recognize his mother as a whole body. The concept of the whole object contrasts both with that of the part object and that of the object split into

good and bad. The infant begins to recognize his mother not as a collection of anatomical parts, breasts that feed him, hands that tend him, eyes that smile or frighten, but as a whole person with an independent existence of her own, who is the source of both his good and his bad experiences. This integration and his perception of his object goes pari passu with the integration in his own self. He gradually realizes that it is the same infant, himself, who both loves and hates the same person, his mother. He experiences ambivalence. This change in his object relations brings with it a change in the content of his anxieties. Whilst he was previously afraid that he would be destroyed by his persecutors, now he dreads that his own aggression will destroy his ambivalently loved object. His anxiety has changed from a paranoid to a depressive one. Since at that stage the infant's phantasies are felt in an omnipotent way, he is exposed to the experience that his aggression has destroyed his mother, leaving in its wake feelings of guilt, irretrievable loss and mourning. His mother's absence is often experienced as a death. As the depressive position starts in the oral stage of development, where the infant's love and hatred are linked with phantasies of incorporation, this ambivalence is felt in relation to mother as an internal object as well, and in states of depressive anxiety and mourning, the infant feels that he has lost not only his mother in the external world, but that his internal object is destroyed as well. Melanie Klein viewed these depressive anxieties as part of normal development and an unavoidable corollary to the process of integration. They become reawakened up to a point in any subsequent situation of loss. There is a difference here between the Kleinian view and the classical view. In the classical view, melancholic illness involves ambivalence in relation to an internal object and regression to an oral fixation (Freud, 1917; Abraham, 1912), but normal mourning involves only the loss of an external object. In the Kleinian view, ambivalence towards an internal object and the depressive anxieties associated with it are a normal stage of development and are reawakened in the normal mourning. It is often contended by classical Freudian analysts that when a patient is actually mourning it is usually an unproductive period in his analysis. Kleinian analysts in contrast find that the analysis of mourning situations and tracing them to their early roots often helps the patient

greatly in working through the mourning and coming out of it enriched by the experience.

I should like to describe here the dream of a patient soon after his mother's death. He dreamt that he was crawling on all fours around marshy ground, a kind of bog. He woke up with a sinking feeling, a mixture of depression and nausea. He described the nausea as a feeling as though the marshy ground were bubbling up inside his stomach. He associated first to crawling on all fours and connected it with an incident too long to report in detail, referring to his mother's pregnancy when he was a toddler, and the acute feelings of rage and loss he experienced in relation to his mother about the time of his sister's birth. Then he tried to describe the marshy ground, but found it very difficult, until he suddenly realized that it looked exactly like a microscope slide of a cancerous breast. His mother did not die of cancer of the breast, but he always thought this was the disease she would die of. He remembered hitting her in the breast and being terrified she would develop cancer. A further analysis of his dream led to a great deal of material about his early phantasies of attacking his mother's breast orally and anally and incorporating a destroyed breast as a focal point of his depression and the psychosomatic ailments in his childhood, reproduced in his nausea on the morning following his dream. The death of his mother reawakened all his earlier experiences of losing her, as at the birth of his sister and at weaning, and made him experience the loss as one of his internal mother as well, now experienced as the marshy bog in his internal world. This bog also represented the analytical breast identified with the original breast of his mother, and he expressed anxiety that his analysis might be "bogged down". Thus, his mourning situation could be analysed both in relation to its early genetic roots and in the transference.

The intensity of pain and anxiety in the depressive position mobilizes new and powerful defences, namely the system of manic defences. The manic defences involve a regression to splitting, denial, idealization, projection, basically schizoid mechanisms, but organized into a system to protect the ego from the experience of depressive anxiety. Since the depressive anxiety arises out of the infant's recognition of the mother as a whole object on whom he depends and in relation to whom he can experience ambivalence and the

subsequent guilt and fear of loss, this whole relation is to be denied. Denial of the importance of his object and triumph over it, control, contempt and devaluation take the place of depressive feelings.

A patient, following recognition of his oral attachment to the analyst, his greed for analysis and his angry urinary attacks against her had the following two dreams. In the first dream, he saw a house on fire and collapsing, but he drove past it, thinking that it had little importance. In the second dream, he stole a bun from a bread shop, but he thought it did not matter very much, as it was such a little bun. He defended himself against his depressive feelings about phantasies of stealing the analyst's breasts and destroying her body with his urine by denial and contempt. The anxiety and guilt about the fire is dealt with by denial: "it had little importance"; and the guilt about stealing by contempt, the analysis being represented by "such a little bun". The fire associated among other things with the burning in his stomach (he had a gastric ulcer) and the collapsing house reminded him of his recurring anxieties about a depressive collapse, so that it could be clearly shown to him how those attacks were directed at the analyst and analysis as an internal world. He frequently dealt with his anxieties about his mental and physical health in typically manic ways, illustrated in this dream.

The manic defences lead to a vicious circle. The depression has to do with results from the original attack on the object; the manic defences preclude the ego from the experience of depression, but they also preclude a working though of the depressive position and necessitate a further attack on the object by denial, triumph and contempt, thereby increasing the underlying depression. It is well known that where manic phenomena are encountered one has to look for the underlying depression. It is less well known that where there is a presenting depressive illness, one has to look for unconscious manic defence systems, precluing the working through of the depressive feelings. In the Kleinian view, the triumph over the internal object, which Freud describes as a feature of melancholic illness, is part of manic defences perpetuating a situation of depression. The working through of the depressive position in normal development depends on the capacity to make reparation. When the infant feels that in his hatred he has destroyed his

The destruction of internal objects gives rise to states of inner desolation, and deadness. The patient was concerned about his lack of drive and creativity, a general state of inner emptiness and deadness. He reported the following dream. In the first part of the dream, there was a beach with heads sticking out, where people were buried in the sand. He was dancing or running over the heads and was only aware of a sensual pleasure in his feet, with no feeling of horror or of doing damage to the heads. In the second part of the dream, a film was being made, the details of which he could not describe. In the third part, he took a book from a bookshelf, and the owner of the bookshelf was very critical of him. He wanted to answer him, but he could not, because he realized that his mouth was full of pebbles. A number of the elements in this dream, for instance the bookshelf and the criticism, were too indeterminate to elucidate them here, but the main elements of the dream, however, are concerned with the patient's depression. The meaning of the heads sticking out of the beach is illuminated by the reference to a film in the next part of the dream. The film is Eisenstein's "Mexico", which shows a scene where peons are buried in the sand with their heads sticking out, just as in the patient's dream, and are trampled to death by horses, so that the patient's apparently innocuous sensual pleasure covers a most cruel attack. In the third part of the dream, he finds that he has pebbles in his mouth. He associated this first of all to two tramps in the play "Becket" sucking pebbles in their mouths and endlessly discussing the pointlessness and futility of life. He also remembered that, as a child, he himself always kept plumstones in his mouth and he remembered himself sucking these stones with the feeling that no plums were left. There was only a stone, which he felt he had to suck endlessly and he remembered clearly that, as a child, he had exactly the same feeling of futility and pointlessness as Becket's tramps. He felt that the world was stonyhearted. When he thought of the first part of the dream and the way he danced over the heads, he recognized that he was the stonyhearted one. He thought of his mother and of the round heads sticking out over the beach like breasts on a chest. This dream could be related to his weaning, and to the depression connected with the weaning. There was no plum left, the external breast had gone and the internal breast,

feelings and actions. The sense of loss experienced following his omnipotent attacks and his longing to regain the lost harmony in his internal, as well as external, world leads to a wish to make reparation to his object, internal and external, which becomes the basis of creative activities and sublimation. He longs to rebuild what he has destroyed, and regain what he has lost. The anxiety for his object furthers his reality testing, in order to check what damage, if any, has been done in reality, and concern for his object, as well as a growing reality sense, urges him to give up phantasies of omnipotence. Thus, the feelings of the depressive position are a powerful drive towards increasing maturity.

As, however, the depressive position is linked up with painful feelings of loss and guilt, powerful defences are set up against it. Splitting recurs again and again, together with regression to paranoid schizoid phenomena, and new defences come into play, namely, the manic defences, which are specifically directed against the experience of depression. These defences include devaluation of the object, contempt against it and triumph over it as a defence against love, longing and guilt. In the dream reported above, the manic defence is manifest in the first part, where the patient lightly dances over the heads. There is a complete denial here of the ruthless hostility (shown by the associations) and a great disregard of the object treated as a carpet for his feet. Projection appears as a defence in the last part of his dream, when he makes out that it is the owner of the bookshelf (the analyst) who attacks him with criticism, that the association reveals that, in fact, he felt himself to be the attacker.

The following is a more completely manic dream. The dreamer saw a woman skipping lightly down a broad outside staircase, carrying a large parcel. She ran into the street to join something that looked like a funeral procession. The patient's first association was to the film "Roman d'un Tricheur", in which a little boy runs down the stairs to go to the funeral of his parents and ten siblings. The film was a comedy and the funeral, with twelve coffins and one mourner, very funny. Her next association was "let the dead bury the dead". Immediately after that association, she recognized that the woman in black was her mother after the death of the patient's sister, when the patient was two. In the dream she makes fun of her mother's mourning, and defends against her own depression by triumph

good external and internal object, he experiences not only an intense feeling of guilt and loss, but also pining and a longing to restore the lost loved object externally and internally, and to recreate the lost harmony and well-being. He mobilizes all his love and creativity to that end. It is this reparative drive which, in the Kleinian view, is the most important source of mental growth and creativity. The dream of a patient illustrates this. She dreamt that she was putting together a jigsaw puzzle representing a house in a landscape. The associations led to many past situations, particularly in her parental home. The putting together of the jigsaw puzzle was the analytical process, felt by her as a restoration and recreation inside her of what was felt by her as a very shattered world, but it also represented a book she was currently writing, her wish to write being stimulated by this need to produce a whole picture out of shattered fragments.

With the repeated experiences of loss and recovery of his object, a recovery which is felt by him to be also a recreation, the infant acquires an increasing confidence in the strength of his good object and in his own love and creativity. It is in the depressive position also that reality sense gradually develops. The depressive anxiety about the object leads the infant to withdraw his projections and to allow his object a more independent and separate existence. In recognizing his own ambivalence and his phantasies, he becomes aware of his inner reality and begins to differentiate it from the external reality of his object. A successful working through of the depressive position is fundamental to mental health. In the process of working through, the ego becomes integrated, capable of reality testing and sublimation, and it is enriched from the introjection and assimilation of good objects. This in turn lessens his omnipotence and therefore his guilt and fear of loss.

It will be clear from the foregoing that technically we attach the greatest importance to the analysis of the manic and schizoid defences to enable the patient to experience depressive anxiety and to work it through by way of restoration of the internal objects and the self. The paranoid-schizoid and depressive positions are not only stages of development. They are two types of ego integration and organization, and the ego has a constant struggle to maintain a state of integration.

Throughout his lifetime, an individual oscillates between a paranoid-schizoid and a depressive internal organization. Those oscillations vary in force with each individual psychopathology. At one end of the spectrum, there is the schizophrenic or autistic patient, who may hardly ever reach a depressive integration. At the other end is the fully mature individual with the well-integrated inner world, a person who has largely overcome depressive anxiety, who has a trust in a well-established good internal object and his own creative potential, and who has the capacity to deal with such depressive anxiety as is unavoidably stirred in realistic and creative ways. The analysis of the oedipus complex in the Kleinian, as in the Freudian, technique remains a central task, but the technique is affected by the considerations stated above, and the paranoid-schizoid and depressive components in the oedipal situation are carefully taken up.

A patient presented the following dream. He dreamt that he was in a strange place where the wash place was out in the open, so that he had to undress and wash naked. There were other naked people present. He suddenly noticed on a kind of platform a couple facing one another, each pointing at the other an identical lethal weapon. It was like a camera, but more bottle-shaped, and it was covered by something like a camera hood made out of tinfoil. If the tinfoil was lifted, a lethal ray or radiation would be released. He was absolutely sick with anxiety, knowing beforehand what would happen. One of them, probably the woman, lifted the hood and he hoped for the moment that the other one would not retaliate, it was so senseless, but of course he retaliated immediately, and the dreamer felt a sense of hopelessness, doom and dispair at the senselessness of the destruction. He also felt some anxiety about himself, in that he thought that he might have been in the field of the rays and that they might have got into him. His associations started with the fear of nuclear warfare, but then turned to memories of his sexual curiosity in childhood. The camera with the lethal ray associated in his mind with his fears of his mother's eyes, who, he felt, could control and attack his father and himself by looking. Sometimes he felt that her looks could kill. The association he found most upsetting was to the tinfoil. He knew precisely what it reminded him of. He had purchased two bottles of brandy as Christmas presents, one to give his analyst (a woman) and one for his wife's

analyst (a man). He was shocked at the thought that his gifts to this couple of analysts appeared in his dream as lethal weapons, with which they were supposed to annihilate one another. This dream is clearly concerned with the patient's oedipal feelings, his sexual curiosity about his parents and his hostility, which changes their intercourse into a lethal combat.

In the analysis of this dream, in addition to analysing the patient's curiosity about the parents' sexual intercourse and his jealous feelings about it, both in the transference and in terms of his memories emerging from the depression, the following elements have been taken up: (1) the projective elements in his voyeurism; (2) its effect on his perception of his parents in relation to himself (his fear of his mother's controlling eyes) and to one another, their intercourse becoming a mutual lethal attack; (3) the introjection of the situation, expressed in the dream by the patient's feeling that he is in the field of the rays, that they may have got into him and the effect of this introjection on the patient's internal world, particularly his hypochondriacal anxiety, always fairly active in this patient and referred to by him in connection with anxiety about himself in the dream; (4) the depressive element which is evidenced by his tremendous feeling of pity and loss; though the hostility is projected into the parents and they become dangerous to one another and to him, they appear in the dream as much victims as persecutors and obviously love and concern for them are retained in a large measure.

I have stated before that Melanie Klein found in the analysis of very small children that the oedipus complex has very early roots already in the oral phase. When she developed later the concept of the depressive position, it became clear that the oedipus complex begins in the depressive position. This indeed is implicit in the definition of the depressive position. If the infant becomes aware of his mother as a whole person, a whole separate person leading a life of her own, having other relationships of her own, he is immediately exposed to the experience of sexual jealousy. The fact that his world is still coloured by his omnipotent projections increases his jealousy, for when he senses the emotional tie between his parents, he phantasies them as giving one another precisely those satisfactions which he desires for himself. Thus he will experience his jealousy first of all in

oral terms, but the triangular situation will have the configuration and the intensity of the oedipus complex described by Freud.

The child's experience of the oedipal situation will be dictated by the stage of his own libidinal development and expresses itself to begin with in oral terms. Also the earlier the stage of the oedipus complex, the more it will be dominated by the infant's omnipotent projections. This is very important technically in that, in analysing the early roots of the oedipal conflict, one liberates it from the dominance of omnipotent mechanisms and phantasies. Tracing the oedipus complex to its early roots enables one also to analyse the complex interplay between the early relationship to the breast and the oedipus complex; for instance, how anxieties experienced in relation to the breast make the infant turn to the penis or, conversely, how the oedipal jealousy may affect the feeding relationship to the breast.

Here is an example of how oedipal jealousy interferes with the introjection of a good breast. The patient had been for months, off and on, preoccupied with a situation in his office. There was a young couple, Mr. and Mrs. L., of whom he was constantly complaining. They were interfering with his work and his relationships, and were in a collusive relationship with their boss, Mr.R., who was thoroughly hated by the patient. In the session preceding the one I am going to describe in more detail, he told me that he had heard that Mrs. L. was on the point of a breakdown and might be leaving the office. He felt suddenly terribly sorry for the L's. He realized that for months he had been complaining what a nuisance they were to him and had never given a thought to their predicament and the pressure they were under from Mr. R., whose paranoia, intrigues and incessant demands were preying upon them and poisoning them. He was near tears speaking about them. He said that Mr. R. was behaving mentally just the way he was physically. The patient had often referred in the past to Mr. R.'s tendency to diarrhoea - "just shitting all over the place". Mr. R. often, in the analysis, played the role of the bad sexual father, who dirtied the mother, but also that of the patient's split-off "dirtying" self projected into the father. The next day the patient started the session by complaining of headache and diarrhoea. He then said that he had had three short dreams. In the first dream he had spent twenty-four hours speaking to Mrs. M. (the wife of a psycho-analyst). In the

second, he saw some beautiful mountains, round and white, like a woman's breast, with a most beautiful lake, but he knew that the lake was full of some infection or poison, so that he could neither drink nor bathe in it, and he had to go away. In the third dream, he was in a holiday resort. The mistress of the hotel was a kind of courtesan and he wanted to kiss her, but had some anxiety about her as a dirty prostitute. The first associations were to Mrs. M. A few days previously he had seen Dr. M. giving me a lift in a Rolls Royce and felt very jealous. The mountain landscape made him think of the forthcoming analytic holiday. The poison in the water associated in his mind with a typhoid epidemic in Switzerland, which in turn reminded him of his own diarrhoea. He had also the previous day read in a newspaper about an infection in tinned food, so that a couple of tins could poison a whole family. He was particularly impressed by the thought of secret poison or infection because the lake looked so beautiful and unspoilt. The interpretation dealt in essence with the situation in which the patient's oedipal jealousy, stirred by the holiday and by the sight of the rich Dr. M. driving his analyst off in a car, interrupts the idealized feeding situation represented in the first dream and leads to a secret anal attack by diarrhoea against the analyst as the feeding mother, so that the lake connected with the beautiful white mountains (the breast) becomes poisonous to him, like a couple of tins of poisoned food. The interpretation also emphasized how secret these attacks were, since on the face of it, his relation to the analyst was so good. This interpretation mobilized an admission of many hostile thoughts about the analysis and the analyst personally and suspicions that the analytical treatment would make him worse. His thoughts then returned to the couple at the office, expressing tremendous concern and anxiety about them, particularly Mrs. L., repeating "This poor woman, will she ever recover?" He knew that his concern was for the analyst and the analysis, would it ever recover from his secret dirtying? As he went on speaking of the couple, it gradually sounded more and more as if he were speaking about himself, because the expressions he applied to them were increasingly reminiscent of things he said about himself when he was depressed - "how will they ever get out of this mess? they will never recover from it, they won't be able to cope", and one got an increasingly clear picture of his introjection

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of, and his identification with, a parental couple irrecoverably ruined and destroyed by the Mr. R. part of himself. In this patient's experience, one can also see a move from a paranoid to a more depressive experience of his oedipus complex. He starts by being completely persecuted by the L's. as a parental couple. In his dreams and the associations to it, there is also a paranoid suspicion of the feeding breast, represented by the infected lake, and, in the transference, his suspicions of the analyst. Towards the end of the session, his feeling in relation to mother - "this poor woman" - and the parental couple is full of guilt and concern. He is particularly concerned with this destroyed couple in his internal world and with his identification with them.

These oscillations between the paranoid-schizoid and the depressive feelings underlie, in my opinion, the process of working through. In the analytic situation, the patient relives his relation to his original objects. His attachment to them has to be lived through again and given up again. In Freud's view, no object can be given up without being introjected into the ego. In the Kleinian view, this introjection is part of the depressive process as in the depressive position. No object can be given up successfully without a complete process of mourning, ending in the introjection of a good internal object, strengthening the ego. Any new insight of any importance necessitates this process. The pain of the mourning situation mobilizes new manic and schizoid defences, but with each repeated experience the ego is strengthened, the good object is more securely established and the need tohave recourse to defence is lessened. The process of working through is completed when some aspect of the object has been given up in this way.

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Impt

It is impossible to speak of the Kleinian technique of today without mentioning the special attention paid to the factor of envy. Since the publication of "Envy and Gratitude" (Klein, 1957), the analysis of envy has played an increasingly important role. The analysis of early oral anxiety led Melanie Klein to believe that envy has very early roots and plays a large part in the infant's relations to the breast. She distinguishes between it and greed and jealousy and considers it more primitive than jealousy. "Jealousy is based on love and aims at the possession of the loved object and the removal of the rival. It pertains to a triangular relationship and

therefore to a time of life when objects are clearly recognized and differentiated from one another. Envy, on the other hand, is a two-part relation in which the subject envies the object for some possession or quality; no other live object need enter into it. Jealousy is necessarily a whole-object relationship, whilst envy is essentially experienced in terms of part-objects, though it persists into whole-object relationships.

"Greed aims at the possession of all the goodness that can be extracted from the object, regardless of consequences; this may result in the destruction of the object and the spoiling of its goodness, but the destruction is incidental to the ruthless acquirement. Envy aims at being as good as the object, but, when this is felt as impossible, it aims at spoiling the goodness of the object, to remove the source of envious feelings. It is this spoiling aspect of envy that is so destructive to development, since the very source of goodness that the infant depends on is turned bad, and good introjections, therefore, cannot be achieved. Envy, though arising from primitive love and admiration , has a less strong libidinal component than greed and is suffused with the death instinct. As it attacks the source of life, it may be considered to be the earliest direct externalization of the death instinct. Envy stirs as soon as the infant becomes aware of the breast as a source of life and good experience; the real gratification which he experiences at the breast, reinforced by idealization, so powerful in early infancy, makes him feel that the breast is the source of all comforts, physical and mental, an inexhaustible reservoir of food and warmth, love, understanding and wisdom. The blissful experience of satisfaction which this wonderful object can give will increase his love and his desire to possess, preserve and protect it, but the same experience stirs in him also the wish to be himself the source of such perfection. He experiences painful feelings of envy which carry with them the desire to spoil the qualities of the object which can give him such painful feelings." (Segal, 1964.)

CR vs. mother

The importance of envy lies in the fact that it interferes with the normal operation of the schizoid mechanisms. Splitting into an ideal and a bad object cannot be established, since it is the ideal object which is the object of envy, and therefore hostility. Thus, the introjection of an ideal object, which could become the core of the ego, is disturbed at its very roots.

Defences against envy may be equally detrimental to growth. The devaluation of the object and the projection of envy into it give rise to persecutory anxiety and lead to the formation of an envious super ego, which interferes with the development of the ego. The analysis of patients suffering from an excessively severe super ego often reveals that it is the envious aspect of the super ego which is felt as most damaging, since it is directed not only against the aggressive wishes of the ego, but also, and often predominantly, against any positive or creative strivings of the ego. In the analytical situation, envy manifests itself often by negative therapeutic reactions. As soon as the analysis is felt as good, and the analyst is felt as the source of the good analysis, it has to be attacked and destroyed. Envy brings in its wake feelings of hopelessness. Bad experiences are bad, but good experiences also become bad, as they stir envy, therefore there seems to be no hope for a good experience. Since a good object cannot be introjected, the ego does not feel that it can grow and eventually bridge the gap between the self and the original object by introjection and assimilation, and this in turn increases envy, leading again to hopelessness. The analysis of envy, which has been split off, denied and projected, is extremely painful and disturbing, but it re-introduces hope through the re-establishment of a good and enviable object. Latent appreciation can be mobilized and the battle be fought again between love and gratitude and envy.

It is difficult to give a brief example here, since envy is usually heavily defended against and has to be tracked in painful detail, but I would like to quote the dream of one patient, showing some emergence of hope, when, for the first time, he could admit some envy in relation to the analyst. This patient, a borderline case, came to the first session carrying two bags of food, a thermos flask of coffee and one of tea, and throughout the session fed himself a number of drugs, such as dexadrine. He made it clear from the start who had possession and control of the feeding breast. In the early stages of his analysis, he developed the following pattern. He would frequently miss or come very late, but after the session he would spend hours in the lavatory, doing his "post analysis", that is, writing notes on his session, categorizing them, drawing conclusions, etc. He often said that this "post analysis" was of far more value to him than the analysis. Since

the patient had a large number of anal perversions, it was not difficult to show him, with the help of his dreams, that in his phantasy he was feeding himself on his own faeces, considered as far superior to the mother's food. His feeling of superiority was so absolute that an interpretation of envy would have been quite laughable to him, though the enormity of his envy of both men and women, particularly women, was blatantly obvious. One could, however, get at it by interpreting his projective identification. There was no doubt in his mind about the analyst's inferiority and her feelings of dependence on him, rejection by him, envy of his riches, etc. The analyst, in his mind, had the same characteristics as his extremely envious super ego, by which he was controlled to such a degree that he was not allowed, for instance, to read a book or listen to the radio, because it wasted time. He felt equally controlled and nagged by his analyst. Accompanying this was a state of dispair of such absoluteness that it had become painless. When finally he began to be aware of his own envy in relation to the analyst, primarily as a feeding breast, he had the following dream. He dreamt that under an enormous pile of dead leaves he found a single snowdrop, white as a drop of milk. His waking association was that at last, under a pile of shit, he had found a single drop of milk as his sign of hope.

The discovery of early envy and the way in which it operates has given great impetus to new work, particularly with psychotics (Bion, 1959) and other intractable cases, for instance, severe acting-out and drug addiction (Rosenfeld, 1965). It is, however, impossible in this chapter to speak of it at length.

Has the Kleinian outlook on analysis altered the criteria for the termination of an analysis and the therapeutic aim? In certain basic ways the criteria remain the same - the lifting of repression, insight, freeing the patient from early fixations and inhibitions, and enabling him to form full and satisfactory personal relationships.

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