

Melanie Klein's Technique Then and Now

The Institute of Psychoanalysis and the Melanie Klein Trust and John Steiner ⓘ

Melanie Klein, Kleinian technique, John Steiner, Priscilla Roth, Michael Feldman, Ron Britton, West Lodge, Klein Studies Forum, Institute of Psychoanalysis, Melanie Klein Trust, lectures on technique, transference, countertransference, unconscious phantasy, projective identification

John Steiner's presentation, 'Melanie Klein's Technique Then and Now', given at West Lodge in June 2015, with contributions from the event's chair, Priscilla Roth, and discussion panel members Ron Britton and Michael Feldman, plus an audience question and answer session. In his presentation, Steiner explores the content of Melanie Klein's six (then) unpublished lectures on technique, which Klein originally presented in 1936. He describes the development of Klein's play technique, her thoughts on the 'analytic attitude', her ideas about the deep connection between the positive and negative transference, and her view on the fundamental importance of transference and the exploration of unconscious phantasies within psychoanalytic technique. Steiner discusses two issues that remain controversial: how to understand countertransference and use it in the pursuit of understanding the patient, and to what extent the analyst should remain in the 'here and now' of the session or make links with the patient's unconscious via the patient's early history. He also draws on a transcript of a seminar Klein held in 1958 with young analysts of the British Psychoanalytical Society, to demonstrate developments in Klein's thinking during the intervening years.

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[BIRDS CHIRPING] PRISCILLA ROTH: This is actually the 20th anniversary of the original West Lodge Conferences. So it's been 20 years that these three men have carried on these conferences. Originally, of course, for non-BPAS members. It was originally only for foreign psychoanalyst.

And at that time, when it began, I remember the buzz going around that the boys were having meetings with foreigners. And what it seemed to be, and what they were saying that it was really, was a chance to talk about their developing ideas, and developing thoughts, in the form of papers that they would write, and then discussions that they would have, here with each other. But also with an audience, but away from the kind of, I suppose, constricting atmosphere of The British Society and the Scientific Meetings. And also for confidentiality.

I also have a feeling that it was a chance to develop their ideas away from the kind of enormous super-egos of mainly two very much loved, very powerful, also sometimes feared ladies. Of course I'm talking about Hanka and Betty, who were both very valued. But also a little bit of freedom, a little bit of getting away to be able to think by themselves. Nobody's told me that. That's my fantasy.

[LAUGHTER]

Anyway--

JOHN STEINER: Completely wrong.

PRISCILLA ROTH: It says something about me and it's completely wrong.

[LAUGHTER]

About three years ago, it became possible and the discussion took place, and these meetings in which all the members of the British Society would be invited to take part in the same sort of discussions and meetings. What's so terrific about West Lodge is exactly that it does provide a place, it seems to work almost magically. It provides an atmosphere in which what is important is the discussion. And that's both discussion amongst the people sitting up here, but much more importantly I think as well, free discussion, open discussion, with all of you-- with the members of the audience. And that's what's really precious and special about it. So we do all hope that you will take that seriously and join in.

Anyway 20 years on, from the original ones, we're still here. So now I would like to just introduce John, who everybody knows, to give you his paper, which you have in front of you.

JOHN STEINER: Thank you. I'm going to talk about Melanie Klein's unpublished lectures on technique. And this is going to be a chapter in the book in which these lectures are going to be published. And of course, the reader of that book will be able to read the lectures and then read my comments, but you can't do that.

So I'm just going to very briefly, I hope, give illustrations of what the contents of these lectures are. The six lectures that Melanie Klein first gave, in 1936, remained in the archives until they were discovered by Elizabeth Spillius, who wrote about them in 2007. She gave a paper I think it was 2005 or 2003 at the Society. And at that time I was very impressed and she gave me the lectures themselves. And I thought they were quite remarkable, covering not just technique, but expressing and clarifying a wide range of Klein's thoughts with an impressive freshness and straightforwardness.

Eventually I got around to editing the manuscript, and I'm pleased to let you know that Routledge are bringing it out next year. And I plan to add to this a transcript of some seminars that Klein gave with a group of young analysts in 1958. I mean they were young analysts at the time. We thought of them as senior analysts. I think I've got a list-- Isabel Menzies, Oliver Lyth, Stanley Leigh, Brenda Morrison, Tom Hayley, and James Gammil. You may not know any of them, but they were around when we began our training.

So these seminars were given in '58. That's two years before Melanie Klein died, and 22 years after the lectures, so by comparing the two you get a bit of an idea of how her ideas developed in those 22 years.

I did quite a bit of editing. The lectures vary in their coherence. Some of them are quite complete and typed-out, and others are fragmented, especially the clinical material. And I've made them into a coherent text.

Now I'll briefly outline the contents. Lecture 1 is entitled "Guiding Principles," and Klein introduces what she calls the psychoanalytic attitude. I don't even know whether she-- I don't suppose she invented that word, but I'm not sure whether Freud used-- do you know?

AUDIENCE: He didn't use it.

JOHN STEINER: No.

And in my view, this section itself would make these lectures worth reading. Moreover, towards the end of the first lecture, Klein begins a discussion about the relationship between the positive and negative transference. That to my mind, leads to a significant exploration of the relationship between love and hate and their interdependence. And I'll discuss both these themes in today's talk.

Lecture 2, "Aspects of the Transference Situation" and lecture 3, "Transference and Interpretation" deal with her view of the centrality of transference, illustrated with material from an adult patient I've called Mr. B, and from a child patient called John.

Lecture 4, "Clinical Illustrations of Transference and Interpretation" gives further detailed material from Mr. B, making links to the past and showing Klein's interest in unconscious fantasy.

In lecture 5, she explores the relationship between fantasy and reality, again using abundant clinical material. This time from a more disturbed patient that I've called Mr. D.

Finally, in lecture 6, she explores the way fantasy and reality become intertwined when a patient brings grievances and complaints. And the analyst has to avoid taking sides, and to steer a path between a lack of sympathy with the patient's view, on the one hand, and a collusion with it on the other.

So in the present review I can only touch on a few of the many themes that I found so impressive. As an introduction though, I will briefly describe Klein's

play technique with children, from which the present work evolved. And finally, I'll look at two issues raised by the lectures that continue to be controversial. Of these two questions, first the question of how to understand counter-transference, and how to use it in the pursuit of understanding the patient. And second, the question of how much to stay in the here and now, and how much attention to pay to unconscious fantasy and the history.

Now the origins of the play technique. To understand the origin of Klein's approach, it's necessary to understand how her play technique developed. And fortunately, some excellent accounts are available. Klein hoped to apply the basic techniques that Freud had developed. And she began by offering her child patients a couch and asking for associations.

I didn't realize that. Claudia pointed this out to me. And just to mention, we're very pleased that Claudia, who's done a lot of research in the archives, is here today. And so she started to be a little Freud, but then quickly saw that children weren't going to adapt to this so--

She soon found it more natural and more effective to talk with the children and play with them using simple toys. She interpreted the anxieties and unconscious fantasies behind these games, just as Freud had interpreted his patients dreams and associations. At first, she focused on Oedipal fantasies and avoided the negative transference, rather as her contemporaries did.

But gradually, she found that, contrary to expectations, situations that made the child anxious did not need to be avoided. Indeed she found that, on the contrary, anxiety was relieved if she interpreted her patient's fears, and especially if she linked them to their aggressive impulses. Moreover, as negative feelings were worked through, her patients' confidence in her work was enhanced. With the relief of anxiety, came a relaxation of inhibition and a freeing up of play and associations. So that the patient was able to explore new areas of unconscious fantasy, previously blocked by anxiety and suspicion.

I think that's a very important point, and we're not sure that we agree with Klein. I think this is what she found. That when she went for the point of maximum anxiety, that anxiety was relieved. But some of us are still a bit wary of going for the maximum anxiety. And that's one of the things, perhaps, we can discuss later.

The major theme Klein explored was the way early sexuality, often imbued with aggression, led to fears of retaliation and persecution by the analyst. These observations encouraged her interest in the early super ego, which she found was often harsh and frightening. And which she was able to trace to fantasied

attacks on the mother's body. Her experience was that relief was ultimately only possible if the attacks were recognized, and the guilt they gave rise to faced and worked through.

An important instance arose with her patient Rita, who at first was too frightened to take on the role of mummy, in their games. Klein realized that her fears were based on internal figures that threatened to punish and devour. Furthermore, she found that as Rita became aware of her aggression her guilt could be worked through. And this released a wish to make reparation.

Klein's discussion of the psychoanalytic attitude is so basic to her clinical approach, that it seemed to me to represent something like a manifesto of what she considered to be fundamental. It is a bold statement, not just of attitudes, but of qualities, she believes we must espouse if we are to function as psychoanalysts. The analytic setting gives us a unique opportunity to study and understand another person. And she never loses sight of this as our primary aim.

And I make a number of quotes now from the lectures.

"One main point about it is that our whole interest is focused on one aim. Namely, on the exploring of the mind of this one person, who for the time being, has become the centre of our attention. Correspondingly, everything else, including our own personal feelings has temporarily lost importance."

Moreover, she goes on to suggest, "that if the urge to explore is coupled with an unflinching desire to ascertain the truth, no matter what this may be, and anxiety doesn't interfere too much with it, we should be able to note, undisturbed, what the patient's mind presents to us, irrespective even of the ultimate purpose of our work. Namely the cure of the patient. If we are not bent on labeling our patients as such and such a type, or wondering prematurely about the structure of the case, if we're not guided in our approach to him by a preconceived plan, trying to evoke such and such a response from him, then, and only then, are we ready to learn step by step everything about the patient from himself. But then we are also in the best position to take nothing for granted. And to rediscover or revise whatever analysis has taught us before.

This curious state of mind eager, and at the same time patient, detached from its subject, and at the same time fully absorbed in it, is clearly the result of a balance between different and partly conflicting tendencies and psychological drives, and of a good cooperation between several parts of our mind. For while we are ready to take in as something new what the patient's mind presents to

us, and to respond freely to it, our knowledge and our experience are by no means put out of action. Our critical faculties undoubtedly remain active all along. That they have, as it were, receded into the background to leave the way free for our unconscious to get in touch with the unconscious of the patient."

Now, perhaps recognizing that this search for the truth might sound cold and scientific, she goes on to correct this view. "For if I have given you so far the impression that the analytic attitude is devoid of feelings and somehow mechanical, then I should hasten to correct this impression. The analyst is only capable of approaching and understanding his patient as a human being if his own emotions and human feelings are fully active, though they are kept well under control.

If the analyst sets out to explore the mind of his patient as if it were an interesting and complicated piece of machinery, he will not, however strong and sincere be his desire to find the truth, do fruitful analytic work. This fundamental desire will only be effective if it is coupled with a really good attitude towards the patient as a person. By this I do not merely mean friendly human feelings and a benevolent attitude towards people, but in addition to this, something of the nature of a deep and true respect for the workings of the human mind, and the human personality in general."

Of course she recognizes that we cannot avoid having personal feelings. And in the seminars, in 1958, she discusses how disturbing the patient's projections can be. But she argued that they interfere with the work, if we give them too important a place. In contrast to Bion's statement on memory and desire, Klein thinks it is natural that we should want to help our patients, as well as understand them. Intellectual interests have to be balanced with emotional needs, and we have to remember that we and the patient face a situation where we cannot avoid being human.

The section on attitude ends with a discussion of what Klein singles out as a particularly serious obstacle to the analytic attitude, namely the development of feelings of power and superiority. Here, I find it interesting that she does not discuss unconscious conflicts the analyst might have, say over sadistic impulses, or a wish to dominate. Rather she addresses the importance of a sense of reality that can make us aware how difficult it is to understand another human being. Klein thinks we can be more realistic if we admit that it's much easier to react to another person than it is to understand them.

This humble, and at the same time confident spirit serves as the best safeguard against feelings of power and superiority, and against any tendency to seek

rapid or magical results, such as attempting to make our patients as we would like him to be. Or getting an easy satisfaction, by impressing the patient. Or by getting the better of him, or pacifying him, or even giving way to him, and so on. All of which tendencies are bound to lead the work into the wrong direction.

Klein is aware that a good psychoanalytic attitude is difficult to sustain, and that there are always pressures on the analyst to divert him from it. For example, to reassure the patient, or to reassure himself in various ways. However she believes that, even quite persecuted patients, who may initially try to divert the analyst from the analytic attitude, can recognize and value the analyst's ability to resist this pressure.

Recognizing what is felt to be a proper attitude, means that we resist these influences that pull us away to what we would, today, consider to be enactments. Of course we only gradually and imperfectly become aware of unconscious forces working on us, but if our goals are clear, we can more easily recognize when we deviate from them. Klein's approach seems to me to suggest that we can also resist some of the pressures that arise from the patients projections. And avoid collusive evasions, on the one hand, or over intense responses on the other.

I think she's speaking against the tendency that has increased in recent times of allowing projections to create feelings, and then to become preoccupied with the counter-transference associated with these feelings. Instead, Klein seems to be saying it's possible for the analyst to say no, and to be aware of feelings being produced in him without allowing them to take over. Instead, he can try to remain focused on the primary task of understanding the patient. And this is all part of the analytic attitude.

Now Klein concludes this first lecture with a discussion of the relationship between the positive and the negative transference. And this leads her to describe a complex interactions between love and hate that can allow us to get in touch with some of our deepest and most painful feelings. Klein's view is that early on there was an over emphasis on the positive transference and then, partly as a result of her own work, a reaction set in leading to a preoccupation with negative feelings. In lecture 1 she says, "Actually, a tendency of this kind has been quite noticeable about some analysts in recent years. And it sometimes seems as if there was not much else to be analyzed other than hate and aggression."

These swings in fashion annoyed her because they led to a misleading debate about whether analysts focused too much on destructive feelings and ignore

the positive transference, or vice versa. In this lecture she argued that while it was important to get the right balance between positive and negative feelings, it was even more important to understand the deep connection between them.

Klein no longer thought of positive transference as exclusively libidinal, as she became aware of the extremely complex situation that arises when aggressive impulses lead to feelings of guilt. The tendency to make reparation that arises when guilt is faced then combines with the libidinal impulses to create a deeper and more convincing expression of love. When the infant relates to his mother as a whole object, the earlier libidinal attachment grows into a feeling of love towards her as a person. And he then becomes prey to the most deeply conflictual feelings.

"I hold the view that feelings of sorrow, guilt, and anxiety are experienced by the infant when he comes to realize, to a certain extent, that his loved object is the same as the one he hates, and has attacked, and goes on attacking, in his uncontrollable sadism and greed. And that sorrow, guilt, and anxiety are part and parcel of the complex relation to objects, which we call love. It is from these conflicts that the drive to reparation springs, which is not only a powerful motive for sublimations, but it is also inherent in feelings of love, which it influences both in quantity and quality."

The first part of that paragraph has become familiar from Klein's later work on the depressive position. But I find that the idea that sorrow, guilt, and anxiety are part and parcel of the complex relation to objects that we call love, to be new and refreshing. The implication is that libidinal feelings are important but superficial, until they become deepened by an awareness of the sorrow we feel, as we hurt our good objects. This means that if negative feelings fail to emerge, then the deeper feelings of love also fail to emerge.

Once we recognize that love is not simply romantic and libidinal, but carries a deep burden of sorrow, guilt, and anxiety, in relation to loved and endangered objects, we can better understand that patients may find love too painful, and will try to avoid and deflect loving feelings, sometimes by increasing hatred and grievance. This means that love is sometimes buried beneath hate, and is only released as the hate is analyzed. We have long understood that hate can be concealed beneath love, but the discovery of loving feelings that have been hidden, is in my view, an important additional understanding that arises if we do not flinch from exploring the deeply painful, and yet enriching complexities of hatred.

Now I go on to the other lectures, and especially the two fundamentals-- transference and the understanding of the unconscious.

Throughout the lectures Klein argues that transference is ubiquitous and ever present. And it is through the analysis of transference that we gain access to the unconscious fantasies that can make mental life comprehensible. She saw this as the central pillar of her approach and as the central theme of these lectures.

"It will be one of the main objectives of this course of lectures to show you that the triumphant situation and the exploration of the unconscious are the two fundamentals which should continuously guide our technique, and that they are actually interconnected. Not only do we proceed to the unconscious through analyzing the transference situation, but a real understanding of the transference situation and a correct handling of it, implies a true knowledge of the unconscious and is based upon it."

Klein recognizes the important shift in technique that followed Freud's discovery of the transference and led him to abandon hypnosis and listen to the patient's free associations. However, she gives equal importance to the abandonment of the seduction theory that enabled Freud to focus on unconscious mechanisms, and led to the awareness of an inner world of fantasy and psychic reality. Together these discoveries enabled Freud to use dreams and associations to explore this world and led to the discovery of infantile sexuality, repression, and resistance. It also led to the realization that fantasies and impulses are not simply reflex reactions to external events that arise from an individual in a particular frame of mind. That is reflected in the unconscious fantasy that pre-exists the trauma, and those that follow it.

Klein points out that abandoning the seduction theory actually led to greater confidence in the work of the analyst, because as long as the analyst took the patient's account of seductions as factually true, the patient's own doubts about the accusations they were making were being ignored. Of course neither Freud nor Klein denied the importance of external trauma. But once Freud took the patient's fantasies seriously, these came to have a value of their own in the analytic work, and enabled the complex interactions between trauma and fantasy to be explored.

Now an important theme, repeatedly explored by Klein, is the need to make links to unconscious fantasy, as these are relived in the transference. But examining her work, I believe suggests that these fantasies are of two kinds, functioning at two different levels. One level, perhaps the one we normally

think of as unconscious fantasy, involves the personal experience of the patient as individual perceptions and fantasy life. Another level, however, refers to universal patterns present in one form or another in all of our patients, and often colouring their deepest and most basic concerns.

Spillius, who first made this distinction, suggested that the general universal fantasies are derived from what she called, an ideal typical model of infancy. The Oedipus complex is one such model, but there are many others that have been understood over the years and that continue to be discovered and revised.

Klein was particularly impressed with Freud's discovery of unconscious guilt and its relation to the super ego, which she described as one of the most far-reaching discoveries that he ever made. It's quite interesting, since I'd read this, I sometimes say in the seminar, what do you think Freud's most far reaching discovery was? And no one suggests this. But you see, for Klein, this was so central because it relates the impulse of aggression with the persecution of the super ego. It is this description of unconscious guilt, together with Abraham's account of oral and anal sadism, that leads Klein to elaborate the complex interactions between impulses and object relations that she goes on to describe.

She felt that it was this approach that inaugurated a new epoch in the history of psychoanalysis, as the consequences of oral and anal sadistic attacks could be related to guilt and fears of persecution that these gave rise to. This helped Klein to understand the origin of the super ego of a very primitive type, that she first observed in the analysis of children, involving frightening figures that devour and persecute.

Klein chiefly saw her own researches to be an elaboration of basic Freudian concepts that help us understand the transference more precisely, and at a deeper level. These facts, in relation to the transference, become fully comprehensible only by studying the nature of early object relations.

"Here I can only summarize our knowledge by saying that, from the beginning, both love and hate relate to the same object. Our mother and her breast and milk is the first object. And so our fears of retaliation and persecution, and so on, first connect with her. We then split this mother, who's both desired and loved and hated and feared, into two mothers as it were-- a good and bad."

Even though major developments in our understanding of splitting and projection took place in the 1940s, at the time of these lectures, Klein was already aware that persecutory fears lead the patient to externalize some

figures and internalize others. In this way he can distribute his love, his feelings of guilt, and his restitutive tendencies on some people, and his hate and dislike and his anxiety on to others. Klein clearly views these primitive object relations as universal fantasies, like the Oedipus complex, which give a structure to the mind, and form the basis of transference phenomena.

Now, reliving of a specific situation. "It's through the analysis of transference that unconscious mechanisms and fantasies are revealed. But in order to be understood, the patient has to discover the specific ways these fantasies are evoked and enacted in his particular case."

Here Klein stresses the importance of specific, rather than general, interpretations. It's always a specific situation that is relived in the transference. And although the specific is always an instance of the general, it is the understanding of the specific that has meaning for the patient. General observations on their own, she felt, have limited explanatory power. At the same time, our understanding of the specific is deepened when we recognize it to be a variant of a basic universal fantasy.

Mr. B meets another patient, a man whom he dislikes. In lecture 2, Klein illustrates her approach to transference with details from the session in which her patient, Mr. B, reacted violently, when he bumped into another of her patients. The meeting led to a collapse of his confidence in the analyst, and to a paranoid belief that she was magically arranging people he disliked to bump into her on his way to the sessions.

When she explored his anger and his fear of her, the patient brought memories of a specific situation in his childhood, when his mother would report him to his teachers, or often to his father, to have him punished. In turn, these memories revealed specific fantasies that his analyst and the other patient, or other male members of her household, were colluding to punish him. This session was chiefly persecutory. But on the following day, reported at length in chapter 4, the mood changed, and Klein was able-- I should call that lecture 4, they're not really, yeah, in lecture 4. --the mood changed, and Klein was able to understand the situation at a much deeper level.

The patient not only described his reactions to the analyst but made links to specific situations from his childhood, which she explores in great detail. The patient came to the second session deeply depressed, feeling that his accusations against her had injured her, as well as the other patient. A strong pressure on his chest felt like puss being squeezed from a boil, and reminded him of otitis he had as an infant. He was told that he had screamed a lot of that

time. And now he felt like crying, "God! God!" This reminded him of his grandfather, who was kindly, but was also associated with a butcher he was afraid of as a child because he spat and smelled of meat. The butcher had a frightening ice box which contained pieces of meat, which Klein thought stood for the dead and injured objects inside him that he was continuously striving to put right.

Coming back to the present, the patient described that after the previous session he sat by the fire and saw shadows that looked like the devil dancing with his grandmother. He was angry when he thought the analyst was pressuring him to get on with his life, rather than deal with the deeper problems. And this led to a strong impulse to smash the teacup he was holding. Then he suddenly saw himself in a narrow road, with a pile of people in bits that he had to look after. There were many further details specific to his personal reaction to the meeting with the other patient, and the destructive feelings that arose within him, which he feared had injured his objects and turned them into persecutors.

Klein traces these links, always beginning with the experience in the session. For example, with the feelings of tension like puss in a boil beginning to burst, and his fears that the analysts hated him and was plotting with others against him. However, other links seemed to be based on Klein's understanding of unconscious fantasy in general. She suggested that the patient saw her and the male patient as a dangerous couple, representing the parents allied against him, and this led to fantasies of a sadistic father who was butchering his mother in intercourse.

His attacks on Mrs. Klein had suddenly become very real to him, and his fear of destroying the analyst by biting, screaming, and smashing were revealed in his thoughts about smashing the teacup. These fantasies proved to be a repetition of his early aggressive impulses against his mother, and led to guilt and anxiety that his analyst would give up the analysis, just as his early anxiety was of losing his mother because of his destructiveness. Klein found evidence of fantasies that his mother's body contained dead children, also torn into bits, especially in the relation to the death of his sister.

These fantasies led to distress and depression around his feelings of guilt for the disaster inside him, and his despair that it could not be repaired. At the same time, his hate and anxiety of his own destructiveness led to deep feelings of remorse, grief, and sorrow because of the unexpected death of his loved object, and towards the end of his second hour his depression lifted. The anxiety was relieved and he once more expressed his trust in his analyst, who

had become a better object in his mind. Not only did she appear in a more realistic light, but he had been able to look at former, even quite early experiences, in a less fantastic light also.

Klein remarks that such changes are an indication that a step had been taken towards the main purpose of the analytic process, namely towards a mitigation of the severity of the super ego. The reader will find much more detail in these actual lectures. And I think we will be able to trace the connections that Klein makes, always starting with the here and now of the transference in the session, but making links to the past and then coming back once more to interpret the present. Although both patient and analyst had to face anxiety, guilt, and despair, the process eventually led to some relief and to a less fantastic image of the analyst. Klein says she does not believe that there is any other way by which the analysts can try to make himself a more real figure to the patient.

I found these clinical descriptions as a tour de force, linking as it does, her technique with the elaboration of complex experiences with internal and external objects, and with her ideas of the therapeutic benefit of interpreting at a deep level. There are very few descriptions of this kind to be found in contemporary literature, where unconscious fantasies are rarely interpreted so deeply or directly in such detail. It shows that, at that time, Klein was making links to early experiences, elaborating the unconscious fantasies that were so revealed, and exploring the way these fantasies were relived in the transference.

What, then, is an interpretation and how does it work? It's clear from her descriptions, and from the clinical examples she presents, that for Klein interpretations served as a tool through which the unconscious can be explored. Hence, it is not a way of providing knowledge or insight from on high, and it always has an interrogative quality, presented as a hypothesis that is put to the patient for his consideration.

Initially, especially if they open new ground, interpretations can raise anxiety, resistance, and hostility. But when they're given in the right spirit, and when the analyst is willing to adapt and correct his ideas, as a result of the patients responses, anxiety is reduced and the relief allows further areas, that were previously blocked, to be explored. As an example, I was particularly impressed by Klein's discussion of the way a deeper interpretation of hatred and hostility can release loving feelings.

In deciding on what to interpret, Klein focuses her attention on the point of maximum anxiety in the transference, or sometimes on the patient's inhibitions and resistance that follow such anxiety. Commonly, for example, the patient becomes frightened of the analyst and as a result withholds material. However, if the analyst recognizes this as a feature of transference, he will understand that resistance is an inevitable consequence of anxiety, and that defenses are natural and necessary.

Anxiety, Klein suggests, is like explosive material that in small amounts can be managed, if it is handled with care. Moreover, continuing the analogy, releasing it can prevent the accumulation of more dangerous amounts. Indeed Klein repeatedly teaches that interpretation requires an awareness of the patient's anxiety and a willingness to focus on the point of maximum urgency.

While it is true that the patient's anxiety may temporarily increase, it is often the analyst's anxiety that gets in the way. At the point of giving an interpretation, the analyst is always afraid that the patient's hostility will be turned against him. And Klein suggests that we have to learn that this is precisely as it should be. If the analyst knows to expect this, he will not be so frightened, as long as he is capable of tolerating the fact that, at least for a while he will be feared and hated.

In lecture 3, to illustrate this theme, Klein brings material from her child patient John, who wanted to play a game in which he was a lion and Mrs. Klein had to lie on the couch and pretend to sleep. When John attacked and devoured her, Mrs. Klein interpreted that he was also afraid of being eaten up by her. Moreover, that this fear had arisen because, as the lion in the game, he had wanted to eat her up. Working through this theme enabled them to explore the idea that, as a child, he had wanted to enter his mother's room and eat her up, and that, even earlier, as a baby, he had wanted to devour her breast.

The point Klein was trying to stress was that while John's anxiety was initially increased by the interpretations of his fear and his aggression, he gradually felt relief and began to play a new game in a more friendly and trustful manner. Moreover, in the course of this work, he learned something about his propensity to use projection to free himself from the anxiety that arose when he feared that his hostility had damaged his objects. Of course, Klein did not expect her child patient to articulate these insights. But I think she wanted the student listening to her lecture to follow her reasoning.

What she hoped the interpretation would achieve was a gradual lessening of the anxiety and a reduction of the fear of being attacked by the analyst. In this

way the unconscious is gradually made conscious, and denial is reduced. Interpretation opens up new areas, and reveals new and deeper anxieties. The deeper sources of persecution are then gradually approached and, bit by bit, relieved. And in addition, a fundamental alteration in the patient's feeling comes about, as his love and wish to make reparation are released.

In lecture 5, Klein discusses the interpretation of fantasy and external reality. She discusses the interaction of these two, emphasizing that both are important and that understanding the relationship between them is what matters. In lecture 6, she uses examples of complaints and grievances that patients bring, in their sessions, to illustrate the need to take the reality of this situation seriously. The analyst must recognize that others, including the analyst, do inflict real trauma and pain and injustice on the patient, and that he should not underestimate the reality of grievances. However, the context in which a grievance is developed will demonstrate the equally essential need to explore the patient's unconscious fantasies, and to evaluate how these contribute to the trauma.

Klein argued that some analysts prefer to give more weight to environmental trauma. And you'll notice this is a trend that's come back into vogue, where trauma is the subject of a lot of analytic work, especially prominent in the French literature. But she argued that they might do this because it puts them on the side of a patient, and avoids an engagement in the transference. This leads to a neglect of unconscious fantasy, and, in the past, Klein thought that this kind of neglect of the inner world, in order to focus on the damage done by trauma, had interfered with the development of theory, and was still partly responsible for the objections that are raised against her technique.

For her, whatever the reality of the trauma, it was vital to recognize intrapsychic processes that led to the formation of a harsh superego, in order to enable the working through of guilt and the liberation of love. To illustrate this theme, Klein presents further detailed clinical material, this time from a patient, Mr. D, who like Mr. B, had become upset when he met another of Klein's patients, but who was very much more disturbed. I don't have time to discuss this material but following it in lecture 5 can allow the reader to see how Klein believed that even very ill and paranoid patients can make contact with their own destructiveness, and be helped to work through it.

Now finally, I'll discuss two issues that remain controversial and affect contemporary approach to technique. First, I found it interesting to compare our current approach to counter-transference, in which we are very conscious of the effect on us of the patient's projections and identifications. Most of us

agree that what is projected needs to be contained and understood, and that failure to do this can lead to action of various kinds.

These developments followed Klein's own work on schizoid mechanisms and eventually led to the idea that projective identification could function as a primitive form of communication. That's Rosenfeld's work. What's more, we believe that the analyst can relieve anxiety if he can receive and give meaning to the patient's projection. That's Bion's contribution. At the time of the lectures, in 1936, this theme had not yet been formulated, but in the seminars on technique, Klein was repeatedly asked to explain her views on the counter-transference.

She made it clear that, although she was very aware that the patients projections profoundly affect the analyst, she was not comfortable with the trend then, and still now current, that we should examine our counter-transference, in order to understand the patient. For example, one of the group asked whether Klein thought counter-transference was of value in the understanding of silences. She replied, "I've never found that the counter-transference has helped me to understand my patient better. If I may put it this way, I have found that it has helped me to understand myself better."

Klein agreed that the patient is bound to stir up feelings in the analyst, and that counter-transference can be very disturbing. Sometimes the analyst may feel that the patient has pushed his depression, his anger, his envy, indeed everything he has, into them. Or alternately, it feels as though the patient has sucked all the analyst's feelings out of him. However, this is all part of the analytic situation, and although the analysts will have feelings about it, he needs to try to understand the situation, just as he needs to understand whatever else is presented to him.

Moreover, at this point, Klein goes further and asserts that it's partly up to the analyst to determine how he responds to projective identification from the patient. "If I'm aware that the patient is pushing something into me, I also recognize that it depends on me whether I let him do it. I mean, there are two of us there. He pushes it into me, and I won't have it pushed into me."

[LAUGHTER]

Instead of taking on the state of mind the patient is attempting to create in her, Klein is prepared to say no to the projection, and to continue to observe the patient, despite her own disturbance. In her approach to the patient, Klein is very influenced by her wish to know, that is the wish to explore the mind of the patient, whatever that mind is like. This is the very important quality for the

analyst. And although she accepts that it's not always possible, she argues that this kind of narrowing of curiosity, to focus on the patient, is central to her attitude.

In another example, Klein describes that she can easily become annoyed with patients. For example, when they do nothing but devalue the help they get. The patient may claim that the analysis has taught him nothing new, and the analyst does no more than repeat things he's known all his life. She explains, however, that she does not dwell on her irritation, but wonders whether she should really feel so annoyed. Or whether she should ask herself, why is it the patient takes this attitude?

Klein thinks it was perhaps this pervading interest in her patients that helped her to understand envy, rather than simply react to it. She seemed to be saying that counter-transference feelings, such as irritation are inevitable, but make up part of the total analytic situation. The primary task remains that of understanding the patient, and this involves, first the recognition of the existence of powerful projections, and then a refusal to be distracted by them.

The members of the seminar wouldn't leave this theme alone, and suggested, for example, that in some situations, the patient may need to make the analyst afraid, so that he can better understand what the patient's going through. In response, Klein described a psychotic patient she briefly saw in Berlin, who did frighten her, but she did not believe he was putting her in an anxious position in order that she could understand him better. In fact, she said she felt frightened because he was tall, and because she noticed he was strange and different.

Then she remembered that he had told her how persecuted he had been by his uncle, and this together with other statements he made enabled her to interpret that he was afraid of her because she had the power to put him back into the asylum. Her understanding, she explained, didn't come from an examination of her counter-transference, but because she understood something of his situation and his psychology.

It's interesting to consider how much Klein's technique had changed in the 22-year period, between the lectures and the seminars. And furthermore, how much Kleinian technique has continued to change to the present day. In a reply to a question from the seminar, Klein expressed the view that the major innovations in her work took place early on, when she began to analyze children, in Berlin in 1921. That was perhaps to be expected. But I was surprised to hear her claim that her technique did not significantly change after

about 1926. In view of the importance of Klein's later work, this is hard for the modern reader to accept.

However, if we look at these lectures, we can see, that for Klein, her major innovations were established early in her career and it's certainly true that the lectures do not at all sound dated or superseded. The centrality of transference-- the idea that one can reduce anxiety through interpretation and the modification of the severity of the super ego through the analysis of guilt, in relation to destructive impulses and fantasies, are all present in her early work with the play technique.

Making links to the patient's early history. A second theme raised by the lectures is the question of how much the analyst should remain in the here and now of the interactions in the session, and how much she should try to make links to the unconscious, via the patient's early history. Klein seemed to be unequivocal that links are important, but I think she would also support those who emphasize that our work is rooted in the here and now of the transference. In contrast to contemporary analysts, Klein repeatedly stressed the importance of making links, and in one of her notes, quoted by Spillius, she makes this plain.

"One hears again and again the expression of the here and now, which although not out of place is often used to lay the whole emphasis on what the patient experiences towards the analyst and leaves out the links with the past. Freud's discovery that feelings towards him were transference from the past, one of the fundamental discoveries of psychoanalysis, retains its value."

In the lectures, she illustrates this in the material for Mr. B, that I've quoted. We've seen how she begins in the here and now. For example, in the paranoid fantasies. Her interpretation, however, was not expressed in general terms, but was seen as a reliving of the early situation, leading to a feeling that his analyst and other male figures, including her patients, were colluding to exclude and punish him. In the second session, we saw again how Klein began in the here and now, taking up the patient's depressive pain, but from this she went to the childhood otitis, and then to his account that after the last session he sat by the fire and saw frightening shadows. The patient then led her back again to memories of the grandfather and the frightening butcher, who spat and smelled of meat.

These excursions into the past seemed to me to have only one aim, and that was to understand the unconscious fantasies that were operating in the present. Moreover, she always seemed to be trying to understand both a

specific fantasy that lay beneath the emotional experience of the here and now, and the more general universal fantasy, of which the specific was an instance. As always, she was concerned with the way the patient's destructive impulses were provoked, and how these impulses were clarified and deepened when they were connected to images, say of dead meat, and bodies piled up on the road. Such images made the fears that the patient had damaged Klein vivid, and made it understandable that she'd been turned into a persecuting figure.

The details of the patient's memories and fantasies gave a specific substance to his anxieties, and eventually led to a fantasy, that in his violence, he was identified with the father, butchering his mother in violent intercourse. The fact that Klein always brought her excursions from the past, back into the transference suggests that she would agree with Joseph, and with Michael too, that it's easy to get lost in the history as a defense against the anxiety of the here and now. She would nevertheless try to get access to the fantasies existing in the here and now, and she believed the only way to do this was to make links with the early history.

Moreover, the link must be psychologically convincing and it's not always the deepest or earliest situation that she turns to. For example, in the note quoted by Spillius, she describes a candidate who was keen to make immediate links with the breast disappointment, and she pointed out that this bypassed the patient's more available disappointment with her father. Klein used this to illustrate how links with the past often need to be established in steps, only ultimately leading to the early relationship, to the primal couple, and to the breast. To gauge the right level, she's guided by the specific situation that is being relived in the current transference, which she uses to tune into the appropriate general fantasy.

We clearly work rather differently now, and I have to say that at first I found some of Klein's interpretations shocking. I can't read my own writing. I think you've got the latest version.

[LAUGHING]

RON BRITTON: Here you are, John.

JOHN STEINER: Can I read that? Where is it, Ron? Ah. We clearly work rather differently now.

RON BRITTON: Give me your paper. I'll read your writing.

JOHN STEINER: And I have to say that, at first, I found some of Klein's interpretations shocking, and I was concerned that she went beyond the available evidence in her material. I found myself saying that today we would stay with what is observable, and try to show the patient what's going on in the here and now. I also felt she was so convinced by a few powerful and universal fantasies, that she saw them in no matter what material.

However, I also imagine that Klein would patiently explain that she never shows the patient things, because she's always trying to feel towards the underlying unconscious fantasy, in the hope that the patient will reveal more information, confirming or contradicting her view. I can hear her becoming impatient and saying to me, why do you plod about in the shallows of the here and now, when there are such rich pickings in the deep unconscious? If I claimed that I wanted the patient to follow and to understand what I'm saying, she might suggest that I'm interpreting conscious and pre-conscious material, and ignoring the unconscious, which by definition the patient cannot immediately follow. Moreover, she might suggest that I was protecting myself, rather than my patient, and in the process, depriving him of a deeper experience.

We must each find our own personal response to the style of work, but I wondered if these lectures might nudge us to move forward, to find a new way of approaching deeper, more general fantasies, through the evocation of specific versions as these appear in the transference. How might we connect shadows of a grandmother dancing with the devil? The impulse to smash a teacup? The memories of a grandfather and a butcher? Dead meat and dead bodies, with the current here and now? Perhaps we can learn from her approach and be able to discover ways to explore unconscious fantasy, both in a specific and general sense, without becoming distracted from our proper concern with the current transference situation. All in all, reading these accounts does give an impression of vitality and imagination that makes some of our work seem mundane. I hope these lectures might encourage us to reappraise Klein's technique and also to review our own. Thank you.

[CLAPPING]

PRISCILLA ROTH: Gosh, well obviously a tremendously rich paper. So many specific things to think about. So many specific issues to think about. I'd like to open the floor for discussion right now, just to see what kind of thoughts come into people's minds. Yes.

AUDIENCE: Thank you, John. I found that so interesting. Just one point, you mentioned early on that nowadays a lot of analysts in this way of working

might take issue with Klein's comments about point of urgency and going for the most severe anxiety. And it struck me that perhaps the lesson of that is not necessarily to go for the particular, specific, most dreaded figure, but that the concept of specific point of urgency might alert us to the domain in which that's happening, or the level. To be functioning at the right level. So I can imagine that working in this way one might have an idea of what the most dreaded fear is but for some reason, that is not clearly one's own trepidation, might decide not to necessarily name it at that point, but one would at least be alerted to the right level.

And just secondly, another point, you mentioned that the-- that Klein would recognize that she might have to be hated by the patient. Just to add that, right at the end of Strachey's 1934 paper there is more than a hint that the analyst fears more than simply being hated. He kind of speaks of being at the point of focus of instinctual forces. And I think what Strachey meant was that the analyst fears not just being seen as a bad object, which can be bad enough, but might fear becoming the bad object. Thank you.

JOHN STEINER: I'm very interested in that. That reminds me of-- I don't need that, I've got them pinned to me. And I remember Betty Joseph saying, you've got to shift down a level. And I think it's exactly the point you're making, that you might be making, as it were, a correct interpretation at a certain level. But it's rather superficial, but if you can shift down a level. But precisely what that means is more difficult to define isn't it? But it's a very interesting point.

The other point you mentioned is also I think very interesting. What is it that the analyst fears? And Klein mentions that bit of Strachey that you reply. I must say that I have an additional problem when I make one of these rather, sort of, deeper interpretations. I get worried about my colleagues. I have my colleagues saying, what on earth are you doing? You know, you're acting out here. And so I get embarrassed. So the kind of super ego that's projected in our colleagues and our fear of departing from what they approve of is another, I think, very important thing that prevents us from following the material. Oddly it's interesting I said, [? Mika ?]. It's more my colleagues than my parents you know I think Hanna Segal is always saying, why don't you go for it? And it's my siblings that are saying, oh no.

[LAUGHING]

AUDIENCE: Thanks very much for that, John. On this point of an interpretation or some form of interpretation of the past, and what you say about there's a super ego at that point [INAUDIBLE]. But it's interesting to compare Klein,

because she seems to me, to compare Klein to Michael, Michael's paper on the illuminations of history. Where, you start with the assumption that to interpret the past is not mutative, what is mutative is to listen to the resurgence of history and relate it to an aspect of the here and now and this--

AUDIENCE: Can everybody hear?

AUDIENCE: Yeah.

AUDIENCE: And that this is what is mutative. This is linked up with Betty Joseph. But what Klein seems to be saying-- I'm trying to understand Klein. That, first of all, she's got this notion of kind of primal fantasy-- structural fantasies in all subjects. And that's because she's contributed to the early fantasies in relation to the breast and mother's body and all that. And it seems that she might use something like that to trigger the resurgence of the past in the patient. In other words, she seems to be ascribing something mutative in the process of making a deep interpretation of the past, but listening very carefully to what you call the resurgence of the past Michael, in your paper, what emerges, and then using that to build a picture a bit more. So she does ascribe a mutative aspect to it. It would be interesting to see, in your detailed case history, how this works. Thank you very much.

JOHN STEINER: My view is that she would not quarrel with Michael. That she would feel-- I mean not on this point. She would feel that those analysts who interpret the past, they divert from the mutative possibilities, which is interpreting the present. However, she would say that we gain information about the unconscious fantasies currently going on, if we listen, and even if we interpret, or use the past to interpret the present. But that's where that needs to be teased out I think. That's where I hope that we might, eventually, clarify a bit how we might develop our technique. I don't think it would be to go into the past but that requires a lot of thinking.

AUDIENCE: I just wanted to say that the papers are so fascinating. And certainly, the way John that you, the parts that you present to us are so astonishing and thought-provoking and helpful. Why do you think they were never published before?

JOHN STEINER: I must perhaps just state publicly how much we owe to Elizabeth Spillius. She not only found these in the archives, but she was very much responsible for the archives themselves. But she recognized their importance. And this paper she wrote about them spells out many of the themes-- although surprising to me, not some of the ones I've found most interesting. But Spillius thinks that Klein may have been preparing a book on

technique and she was saying, I'm not going to publish these as papers because one of these days I'm going to write a book. But never got around to it, as if other things occupied her more. But I just don't think we know the answer to that. But I hope that they will make interesting reading in their entirety. I think I've given you a taste.

RON BRITTON: Sorry, could I just make a suggestion. You know that controversial discussions followed these lectures. I think that would be enough to distract anybody.

[INTERPOSING VOICES] AUDIENCE: Thank you, John. A most fascinating paper. It made me think about two things. The first one connected to the example you brought from Klein's working with John. And the child's fear of being eaten up by her. And you say the point Klein was trying to stress was that while John's anxiety was initially increased by interpretation of this fear and aggression, he gradually felt relief and began to play a new game.

I think this was very much connected to her theories of anxiety and symbol formation. The sense was that you need anxiety in order to stimulate symbolic equations and symbol formation, mainly symbolization. But if the anxiety's too great then it becomes paralyzed. But anxiety in itself is something that is part of the work and the work to move on.

And so I was thinking that when she brings all these interpretations of the early anxiety she's doing a number of things at the same time. She's trying to deepen the work, ease anxiety, but at the same time, allow for the symbolic process to go on. And when she talks about the past, there is a question in my mind about whether she thought that what she was interpreting was an actual experience or whether it was more the unconscious fantasy the child had of what had happened to him in the past? And within that, then, we still are at the level of unconscious fantasy. Because it's not the mother it's a mother in his mind. And maybe it frees us from saying, well we can make a connection to the past. That it's still the past as it is lived in fantasy by the patient. It's not the actual past.

JOHN STEINER: Yes. I think that's a very important point. And I think it arises from a kind of recognition of an internal world. And then what is projected in the transference is an internal mother that is projected onto the-- It's not the actual mother. So one might say it's always in the here and now. That there's no such-- We're not making any reference to the past at all. We're making reference to the patient's version of an internal object. And that might be a clearer way of defining how we make excursions into what's called the past, and to differentiate it from-- You see, at the beginning Freud actually believed in the

past very specifically. He would try and find evidence from the maids, from external sources that a particular trauma had taken-- Klein, I think, would not be interested in that. She's very-- I mean you put it very well.

AUDIENCE: Well, I just wanted to say that I'm very glad that you got brought these lectures of Klein. Because, as you remember, Elizabeth Spillius came to the post-graduate seminar with these unpublished lectures and we actually discussed it at your seminar. And I must say that--

JOHN STEINER: I forgot that.

AUDIENCE: I've got them. And I actually am struck by particularly the notion of the analytic attitude. She's not talking about psychoanalytic identity or whatever. This little word and then she specifies the meaning of that word. And I find it so extraordinary. And particularly the notion not just of start getting in touch with the unconscious of the patient, but the cooperation between different parts of the personality in the analyst. And I think it is so fundamental. I even thought this is a democratic position. And I think this is linked to interpreting the hatred, I think, because ultimately, you must communicate to the patient when you interpret the hatred, whether there is something that you accept in yourself about it. And I think that is so important. I don't know how it gets communicated but it does, there can be something. Thoroughly unacceptable, but possibly acceptable at some level or other. Thank you anyway

JOHN STEINER: Thank you.

AUDIENCE: Just to join onto that thought about the past. I guess partly, for me, it's the thing about Klein bearing a, I think, synchronic view of development, as opposed to the diachronic, I think this is what we're talking about. And that in that view it's quite difficult for me to understand what the past means really. I mean it's a sort of artifact of language. That actually there isn't a past, one could say. There is a presently fantasied view of things. I think I remember Steve Dreyer, I hope he won't mind me quoting him in an adult department unit meeting, saying one can tell the patient's progress in analysis by how much their past improves.

But I was also intrigued, and I think there's a lot more to think about, at least for me, along this point of not coming to the point urgency in transference and how common it is for me to instead interpret internal dynamics or interpret general statements. Or to realize when writing up a session that I had had the thought to interpret it in terms of the present transference, but that I had momentarily delayed and gone for something slightly more abstracted or defended. And quite what's in that flinching. It's in a lot of Strachey and your

own comments, and others. Be good to open that out for me as the day goes on.

MICHAEL FELDMAN: Like others, I found this a fascinating paper and a source of a lot of interesting thought and work. Just two small points. I found and have always found in Klein there are two sort of styles that she adopts. I like very much the way you quoted her speaking about the exploration, the desire to ascertain the truth, the eschewing this notion of prematurely evolving a notion of the structure of the case, and so on. One gets a picture of someone really exploring things in a very impressive and valuable way. And then we get another note that comes into it, which is much more didactic. She says we should be able to note, undisturbed, what the patient's mind presents to us.

And later she says this thing about the patient projecting things into her and she says you can just say no. Well most of us have the experience of the opposite. You're not in a position to say no. And the force of whatever it is that is elicited or projected or provoked in us, is of such a nature that we can't really. But there's some idea that this, perhaps because they're [INAUDIBLE] and there's this didactic quality, which I think is in contrast with this marvelous, scientific, slow exploration of things. Again, which is very different from, as you point out, from the tone of Bion's paper, where he's talking about the same things. And he also declares one should eschew memory and desire, as if that's possible.

PRISCILLA ROTH: I think this is one of the things that we'll talk about a lot throughout the day-- these differences. I think it comes partly back to Joanna's point. Because my reading of what she was saying was not that-- and it is more didactic than the other. But about what one in a sense aspires to and how it does have to do with one's own acceptance of what's going on in oneself.

So that you may be hit by the projections from the patient, but you don't think that you have somehow a right to get back at the patient for it, though sometimes you may do it. But that if you can hang on to some identification with what the patient is experiencing and ask yourself questions about why that's going on. And that, that's the goal. The goal of the analyst, to pull himself back from being overwhelmed by the projection. That seems terribly important to me. To hang on to, my job is actually to try to understand that.

MICHAEL FELDMAN: I don't think there's any disagreement. I think if you talk about pulling back or to try and work through something. But that's very different from saying no, as if you could.

JOHN STEINER: Well I think I agree with Priscilla. This is going to be the debate. See in all these thoughts about the analytic attitude, Klein makes clear, and perhaps I haven't quite, she said these are ideals. We're not able to do it. But we should try to say no, if we feel we're being taken over. Of course you can't say no to unconscious things.

Nevertheless I think the patient often makes one conscious. And you do get the feeling, I'm being taken over. There's also a very common style, certainly in reporting material, where one dwells on the counter-transference and even the analyst might bring their own dreams or their own fantasies that they have had. Klein would say you've got to learn to ignore those and concentrate on why the patient is producing them. So I think there is a distinction between attempting to do analytic work and being successful at doing it and I don't think for a moment she thinks one can achieve this.

The other thing is that I do agree there's a didactic tone and some of the unconscious fantasies of a general kind, she feels, are so important that they're always there. And the most significant of them I think is the effect of destructive fantasies on the good object. And it's so important to catch these because that is where the mutative potential lies. If you tackle the paranoia, and there are various other things, it has a function, but the real wor-- So she's always bringing it round to that, which is I think you could say that this is a bit didactic. And who's to say that there aren't other fundamental fantasies that are equally important? She does say that if you listen properly you can also reject all that you've learned about psychoanalysis. So she would try and do that, but certainly some of the basic fantasies are so central to her that she is kind of reminding you all the time, forget these at your peril.

PRISCILLA ROTH: Just very quickly, isn't that because those particular destructive fantasies towards the original object have such serious consequences for the personality?

JOHN STEINER: Yes, but not only. Because trauma also has serious consequences. But you can't alter trauma. You can't analyze the persecuting figure and make them less-- You can only alter the internal world. So that the reason for taking this up is not to say trauma doesn't exist. But it's not our task. We can't do anything about that except perceive it differently.

RON BRITTON: Can I say something?

PRISCILLA ROTH: Oh yeah. Go ahead.

RON BRITTON: I'm quite overwhelmed with admiring Melanie Klein, actually. And somewhat humbled. And at one point I remember with some irritation I thought, I thought that. And it turns out she thought it. Which is my experience with Freud's footnotes. Whatever original idea I thought I had was in Freud's footnotes.

And there's one bit I was struck by from, I can't remember the context, but it's reported of her in a supervision group, where she takes to task the person presenting for going straight to the transference. And for going straight to the transference and then adding to the transference fantasy, unconscious, early material. And directs the person's attention to the fact that what's the really anxious process that's done in the patient, at that moment, is what's happening in his current life.

And that was the dimension I thought was missing, John, in your discussion. As though this was just about whether things are going to be in what's called here and or there and then. She said it wasn't, it was a three-legged stool. It's here and now in the transference, it's the past, and it's the current life. And quite often, in analysis, unless one can get to grips with what's being brought in the current life, one can't understand either the past or the transference.

JOHN STEINER: Yes. Now I'm glad you pointed out because I could-- It's there in the lectures, and I could emphasize that.

PRISCILLA ROTH: Jane was waiting.

AUDIENCE: I just wanted to say something that I think John did mention briefly in his talk. I think some of the didactic nature of Klein's arguing-- I'm not going to take on these projections, that they might tell me something about myself. It's nothing about the patient. She's obviously having an argument with all sorts of other people in the society, who are saying wait, this is amazing! We can all talk about our counter-transference, we can all analyze it, and it all tells us. And she really doesn't like this new fashion at all, and I think that's why she sounds so sort of definite about it.

AUDIENCE: Yeah, I, too, found it very exciting listening to this. But also one of the things that strikes me, and John said it I think quite early on, you know, various things we might disagree with. But I do also feel we've lost something. And I don't quite know why it is. And it is to do with this link between the way she described unconscious fantasy. And I do think somehow her capacity to talk so directly about unconscious fantasy gets a little bit lost sometimes. And I just wonder why that is.

One of the things that strikes me when reading Klein is also her extraordinary balance. And that one feels that she can talk about these things, and there's absolutely very little sense of any moralizing. That she can talk about the most terrible things, and one feels she does it with a certain kind of wane. That it's as if she-- this is what we're like. And it's so easy, one often hears it or finds oneself doing it. But it somehow pools more into something slightly moral. And she seems, at least in what's being described here, to avoid.

The other thing I wanted to say is that, the value of still thinking of the transference as a form of resistance. Because you give the example of her interpreting the transference, and then this opens up something. I still think it's true that it's a sort of double-edged thing. That transference is both our way of understanding things, but also is a form of resistance, which is rather an old-fashioned idea. But I still think it is the case.

JOHN STEINER: Claudia.

AUDIENCE: I wanted to say that I think it's deliberately that she chose the heading of guidelines for the technique and for the first lecture. And since this is a development from Freud, you know, he gives advices in technique. And that she really found that she wanted what Liz calls idiosyncratic infancy or idiosyncratic technique. And that sort of guideline is a good word for having the basics of our goal, as you put it.

And going back to the question, why she didn't publish it? I am sure she would have published if somebody would have proposed to publish it. Because also as the child analysis book is-- Out of two years of lectures it was that she developed that book. And I suppose if somebody would have said go on just publish it and helped her to publish it-- I don't think she deliberately didn't want to publish it.

JOHN STEINER: No, but I think you'd agree that it would require a lot of editing work to publish it as I've been doing. And she--

AUDIENCE: And it was-- you know it took a long time when she published *The Psycho-Analysis of Children*. It took five years and it took a lot of patience of the publishing house, to wait until she did the work you now did, to publish.

PRISCILLA ROTH: A woman in the back. I can't see that far.

AUDIENCE: I just want to go back to the whole question of unconscious projection. And, I mean, Klein is right to warn about the use of counter-transference and to keep it at bay. But I was just thinking about unconscious

projection, and projections that we don't realize are happening until sometime has passed. But also the value of something of an unconscious to unconscious process happening here, that she might have been avoiding. I mean I don't know but just being brought up in period much later, where counter-transference has been much more accepted, it seems to me that maybe she might be missing one avenue into a deeper unconscious to unconscious communication, and very primitive form by being so didactic about counter-transference. But that's just something that I'm struggling with.

JOHN STEINER: I was very interested in this. As if Klein claims a right for herself to say no. And I thought, because I've been writing on feminism and the repudiation of feminism, I thought it was a feminist argument. That particularly a woman is entitled to say no to intrusive projections. And that this is part of her right. And it seems to me this is all part of a kind of combatative side of Klein that I thought we also lack. Many people have said there's something quite inspiring about these-- that we're willing to fight for things.

AUDIENCE: Can I add just something to this because it seems to be very important. The no is not just to the projection or the intrusive projection. It's difficult to say no when you project. So I think that the no feels incredibly healthy because it means that you are less likely to project something into the other person, so one can see the other side.

AUDIENCE: Very brief point. I think the no is also no to carrying out the role, as described. Because the dramaturgical element is a post-Kleinian one, really, with Grimberg. And also Melanie Klein didn't think much of Bion's work with groups. But in *Experiences in Groups*, and John has commented on this in the paper, there's a very nice description of the relationship between projective identification and counter-transference. You know, where John commented that the analyst must free themselves of a numbing sense of reality. When they can do that, Bion said, they're in a position to analyze what's been happening. Before that, they've been recruited into a role that they've been unconscious of. So I quite like the idea of saying no to a man penetrating one. But I think it's also no to performing the role that's described, and instead, yes, to analyzing it.

AUDIENCE: Thanks. I was interested and I got a bit distracted by you thinking about it in a sexual way, John. The sort of refusal to have something pushed into one. But the other fantasy I'd had with this no was something like an incest taboo. There was some sort of anxiety as counter-transference began to get developed, about this extraordinary aspect of our work. Two unconscious, two minds seemed to get muddled up with one another. Whether her no in such a didactic way was something of, actually, a paternal no, which is

interesting given the way theory is developed. In terms of thinking about third positions, or the third, or ways of managing to think about projections, projective identifications, and Bion's use of the two different-- you know the male and female symbol.

MICHAEL FELDMAN: And it's about the nature of Klein's interpretations. At what level and what degree of symbolization is involved? I'm thinking of the material that John quotes of the patient who said this reminded him of his grandfather, who was kindly, but was also associated with the butcher he was afraid of as a child, because he spat and smelled of meat. And the butcher had a frightening ice box which contained pieces of meat that Klein thought stood for the dead and injured objects inside him, that he was continuously striving to put right.

I can understand the theory behind it. It's this phrase of stood for, which I was troubled about. In what sense does that stand for the child's fantasies of the dead and injured object inside him. And I'd be interested to know what other people think. It's not an uncommon phrase that is used in Klein and I think Hanna Segal, that this stands for. And what exactly is meant by that, and I wonder what my colleagues think, or what other people think about that.

Because that bit of it sort of jarred a little bit with me. I felt that she wasn't talking about the child's fear of what the butcher might do to him or talking about some kind of disorder inside him. It's this notion of the almost direct transposition of this image of cut up bits of meat into some fantasy of what is inside him. And I found that a bit difficult.

PRISCILLA ROTH: Just to say something about that, when we talked about it before a few minutes ago, my understanding of what Michael is saying is that there is something of symbolism in the idea of standing for. And that I think we don't think that what she's talking about there is symbolism. Is actually something standing for in the sense of being a symbol of, that we think it's much more concrete than that. It actually is the thing. And I think that's maybe what you're talking about, Michael. Well, you had something you want to say.

RON BRITTON: It's really, as I see it we-- My thought is that we view symbolism as too evolutionary, in a sense. What I mean by that is that the way we seem to adopt it is that at the root of it there is something real. And then there is something which represents it-- that's a favourite word of Freud's-- but isn't it, unless you call it a symbolic equation. And then you get sort of achievement to something called a symbol, which means it's not the real thing.

And I don't find-- I think, rather than that, that there are very basic models of some kind, psychically. Which are, in new situations, realized in different forms.

So that, for example, in this one dead meat seems to be the model. And well actually you'd think it's a bit optimistic to think you were going to bring it back to life. So they are dead objects aren't they? They're dead meat. And that would, in my view, you see, be a model of how something can be dead, stowed away, kept, refrigerated, or whatever one likes to say, and that there will be very varied versions of that at different points.

One of which, I would be inclined to say, if that was material coming, that the patient would be afraid that I had some very dead ideas, stashed away and refrigerated to be used. Which I rather think Michael is sort of tuning into. Is this a dead idea of Melanie Klein's, a refrigerated notion of some kind, to be brought out, to be kept? So I think of rather more dynamic things, that the past is just an earlier version of whatever's present, rather than simply that one's a representative of another thing. It must be a new version, not, not--. And then surely that is why she was so keen that the transference is alive, and it's the latest version of something.

JOHN STEINER: But I think the question Michael's raising was-- I don't think there's any disagreement on that. But what is the function of a concrete image? And where is it derived from, and how can we rely on it? Did it come, for example, from a preconceived notion of Klein's that the-- or of Freud's-- that the ego is a body ego? And that the images that are later elaborated into symbolic things like dead ideas originate in images of dead bodies, or Klein would say, dead parts of bodies?

Now our reaction is where did this derive from and what function does it have? The fact that the patient mentions meat-- Where did Klein get the idea that he felt, in the whole analysis, his task was to restore these dead objects? That was why he was coming. And I don't know where she got that from but it seems clear that she was willing to use ideas derived from her notion of what the basic fantasies were, and to explore how were these met by the patient. Of course, the danger of influencing the patient is what we're afraid of. I think she wasn't afraid of that. She kind of thought, well he'll tell me. But of course, we know there are some compliant patients who are so willing to take on the words of the analyst that the analyst may never find out that this is folly a deux that they're exploring.

And I think our concern is whether this is a danger that we want to avoid? Or whether it's a danger we know about and are willing to risk? I think that's one of the central issues these things raise and I think Michael's right to raise it.

MICHAEL FELDMAN: You see, I wonder if this is an example perhaps of something that came up elsewhere in the paper? That the association of the patient to this very unpleasant scene in the butcher's-- that that evoked some images, fantasies, reactions, in the analyst, which put her in touch, presumably, with something awful inside the patient. And the question is to some degree a technical question. What is the most useful way of speaking to the patient about these particular beliefs or images that come up in the analyst of a primitive and horrific kind? What's the best way of speaking to the patient in a way that you feel can get through to the patient?

And there are different views about this, as you've brought up. One is to say, well, in the patient's internal world there are cut up pieces of bodies, or something that might be thought of as a deep and strong interpretation. Ron's view is that one goes to talk about dead ideas. Or to try and find what is the language, the terminology, the imagery, that is most usefully communicated to the patient about one's belief about the internal world, which has been elicited in the analyst through these associations.

JOHN STEINER: Can I? Sorry, it's a bit of a, but. It's so interesting I think because my view is that partly that this is always the case. See, when a scientist thinks of an atom as a nucleus surrounded by electrons, this is his imagery of the world around him. And it may be that it's a useful image, and it may be eventually superseded. But it seems to me the question is, is the analyst's task to provide these images for the patient? And what are the dangers and the risks of not doing it? And also how do you judge?

Because I'm always reminded of Freud's paper on constructions, where he says, I'm not interested in the patient's reaction to my interpretation. He might agree with a wrong interpretation, or he might disagree with the right one. I'm only interested in one thing, and that is what emerges in the process of time. And so the question of how do you evaluate whether-- And I think the other thing Klein says is that we're much more dealing with the analyst's problems, than with the patient's problems, or with the problem of psychoanalysis. The analyst has got to find what's his reaction to these things.

[INAUDIBLE]

AUDIENCE: Thank you everyone for a very interesting ongoing discussion about these matters. I wanted to just come back to the butcher story. If we're thinking of the matter of symbolization you could say that it's sort of an appropriate thing for a butcher to have chopped up meat, isn't it? That's what butchers do.

But this is like a very primitive internal object, which could be also the murderous super ego, isn't it, that chops up the self into minute bits and destroys the mind, and so on. And in other words, I think what Klein's speaking to and what we're also thinking about here technically to deal with, is what is going to be a sort of tremendous anxiety. Because if that is the object, it's a butcher, isn't it, who chops up the self. Or it's a projected self that chops the object up. I think what's being conveyed at this moment is the terror of an object that comes back to the self.

And that's the form in which it's in. And that is what, emotionally speaking, contains the depth of anxiety. And that's what she's also saying one way or another, isn't it? One's got to be able to illicit in fact, to make contact with the patient on that sort of level. And I think we all know that when you have such an experience it's a tremendous relief, isn't it? That's what being understood feels like. Anyway, thank you very much.

JOHN STEINER: As you speak, I worry I've done Klein an injustice because it's so-- you'll have to when the book comes out, or if you want to before. There's a great deal of detail, and I've kind of condensed it all. And I wanted to make this theme about the concrete object.

But you see, for example, I think more, at least now I think, more telling is the image of when he was sitting by the fire after the last session. He had the image of the devil dancing with his grandmother. And that led him to smash, or have the fantasy of smashing. So I thought that had to do with a sense of betrayal. That the analyst, by dancing with the devil, had betrayed him. And that this produces enormous outbursts of rage. And that's what she connected with the murderous attack on this couple. And that we would, today-- we could take up the basic theme without reference to part objects or bodies. And then comes the second question, of what does it add or detract to deal with the concrete imagery? But I think that I didn't quite do justice to this moment when he saw that, seeing meeting the other patient was evidence of betrayal, of dancing with the devil.

PRISCILLA ROTH: It was Cathy next.

AUDIENCE: Thank you. We talked about something in the break, that maybe links to this, which has to do with a level of early, unconscious fantasies. And you taking up talking about universal patterns and universal fantasies, which you linked to Bion's notions of extensions in myth. But it reminded me more of Freud's notions of primal fantasies. And in *The Wolf Man*, for example, the connection to the primal scene, castration and seduction. That however much

Freud's notion of unconscious fantasy was quite different from Klein, he also believed in these early, phylogenetically primal fantasy.

And I wonder how much Klein was also influenced by that. So the pre-empting of the breast, images about the breast, were felt by her, it has to be those, part of those primal fantasies. And if those primal fantasies exercise quite a lot of importance, then I imagine that it can also guide, at some level, the interpretations. I just wonder the impact of holding on to those primal fantasies, of that notion, and the need to interpret in certain ways. That was one question.

The other one has to do with perhaps the level of-- interpreting at what level? And how much we need to operate at the level of transformations, a bit like Bion's notion of transformation, when we interpret? So what is the dead meat, is the dead meat a bad object? Is it concretely linked to the body and a part of the mother? Is it the breast? Is it something that then can perhaps be subsequently transformed, in our minds, into a type of relationship to the object? Or even bringing in a certain function, in connection to the analyst? So I was thinking well there's so many potential transformations we can go through. That the choice of interpretation, one could ask, well what influences our choice of interpretation?

PRISCILLA ROTH: I think it was Irma next.

AUDIENCE: I thought the paper was really riveting, as though Mrs. Klein was in the room with us. Although just a couple things I want to say. The first one about the chopped up bits of meat. I have to say, in my young days, I think we would've had no hesitation. We would've just taken this as chopped up bits of the breast actually. Here was the confirmation. I think nowadays one might think more about the devil dancing with the grandmother, whether the patient is actually leading the analyst to dance and inviting the analyst to just such interpretations. I mean I think we would approach it differently now than we would have then.

But I was really, you won't be surprised to hear, interested in this Mrs. Klein saying no to the projections. And of course, the seminars came after Paula Heimann's 1950 paper. So there's a real argument going on with Paula Heimann isn't there? This is part of the issue. I remember a story told of Margaret Little presenting a paper in the Society, saying the patient made her feel confused. And Mrs. Klein said, no dear, you are confused. So I think the wish not to confuse one's own stuff with the patient's comes through very well.

But I also found myself-- I had a patient who was a scientist who said that the Prof. in his lab used to say treasure your unsuccessful results. And I think it's, in a way, a pity that she couldn't think more about the no to the projections. Because there does need to be somebody who says no. I mean there needs to be a father there, if you like, to protect the mother from being overwhelmed by what's coming from the baby. But there also needs to be somebody to think about what the baby's looking for. There needs to be two parents. And, in a way, by just being emphatically no, she can't analyze really what the patient might be looking for, either in a destructive way, or in a way of being a baby who wants a mother to hold him, for instance. Anyway, if you can't think about it you really restrict yourself, I think, in how you can talk about it.

PRISCILLA ROTH: I think Debbie was next.

AUDIENCE: I was actually just going back to something that Michael was saying about, was this something Klein actually said to the patient? Or was it something she formulated when she was writing her notes, as a way of thinking? If one thinks about some of the things that she said to children, according to her papers, for example Dick, I think some of the things she said we would regard now as wild analysis really. But nevertheless, they had a kind of importance. Certainly, I think, for Dick, and even though I think we wouldn't have the courage, and we're not Mrs. Klein, to be able to have the type of courage to say some of the things she said to Dick. Like we'd go between the doors, and crashing, parents having inte-- you know the sort of the things that-- And I think it's a bit unfair to judge her on that, because she was very much exploring what children were struggling with. And I think basically she probably had a kind of-- and certainly this comes across when you hear the paper-- a kind of presence. Which made the children think maybe she's saying funny things, but she's basically doing something important.

RON BRITTON: I would like to take up this no question. This arises in a discussion in the '50s, unlike the-- we've got to keep that in mind-- the '36 lectures. And it's after schizoid states has been written, and it's after she's the first to describe projective identification and the phenomenon. Neck and neck with her, was Rosenfeld, who was in analysis with her at the time. And he told me that she'd said to him wait until my book comes out.

[LAUGHTER]

If we take Herbert's further elaboration we can address this no question. Because he would've said a projective identification of this kind can either be an evacuation, or a communication, or a colonization. And it's important that the

analyst should know which it is. And in those terms, she would be describing saying no to the colonization I think, that is to being taken over by projection of the patient's fantasy of the analyst. And allowing herself to become such a person in her own mind, and not simply in the patient's. As if she's saying, for goodness sake, if you got projective identification, try and sort out what the patient thinks your like, how the patient's prompting you to be like him, but do keep in mind that you don't have to. Otherwise, the two of you are lost. So there is a no situation.

JOHN STEINER: Yes, I think these-- I some of these are your terms, rather than Rosenfeld's.

RON BRITTON: Are they?

JOHN STEINER: But I think you've described the different functions of a projective identification. For example acquisitive, as opposed to expulsive, and I think they're very important. But I thought that the issue that Deborah raised was-- I often thought that the, that Klein conveyed something very kind and very attentive. And that she was always extremely attentive to the patient.

And I thought very important was her idea that behind this was not just an attitude to the patient as a person, but a respect for the patient's mind and for the patients individuality. And if that's part of your analytic attitude, that's a very containing setting within which I think the patient can put up with all kinds of slightly frightening and unusual and difficult thoughts. Of course, they can also put up with wrong, with overvalued ideas. And so it remains a problem, but I thought the facilitating nature of her basic interest in the patient was central. And anyway, that's just.

MICHAEL FELDMAN: Can I just-- Just to take up the point that Irma was making, because I found that helpful. If one thinks in terms of a triangular situation, and the notion that the no is coming from some figure or some part of the analyst represented schematically by the father, it seems to me that, well, one doesn't want to idealize this, but it may be absolutely essential for the patient or for the infant to feel that something does get through and get into the object and affects the object. And that there is then a figure or a part of the person that is able then to say, hang on a minute, I'm not putting up with this, or this is something.

I think that is the paradigm, and of course, that is, I think, the model that has evolved more-- the notion of the part of the part of the analyst that is able to register what has been evoked or stirred up or even some bit of enactment. And then to recover from it. I mean, it's a point that I think Ron has made. The

important thing is not to wear a suit of armour so that nothing gets through because that would be very destructive. But to allow oneself to be affected, up to a point, and then to recover and to learn from it. And that is, one could say, the paradigm is that that is the paternal function that needs to be incorporated into one's way of working.

JOHN STEINER: But I think there's no question whatsoever that Klein presents that. The idea that she thought you say no and block an emotional reaction, that's far from her. She says the analyst must be emotionally available and that you can't be a scientist. So she was, without any ambivalence whatsoever, saying you must first allow the emotions to register. Only subsequently-- otherwise, you're a brick wall kind of analyst. And I don't think there's any hint even that she was a brick wall analyst. I think that's a red-- That's a straw man that we're trying to shoot down. Although, I think it can be read in some of her statements.

AUDIENCE: Also to the question of this no, and her technique. What I found quite interesting is this little example about what she discussed in the seminar. This patient who was psychotic, whom she saw in Berlin, and where she said that she did examine her counter-transference. But in a way you could say that she was frightened and it made her remember that this patient had told her how persecuted he was, so in a way she responded to something she felt, by remembering that, I did think. So it's a kind of no, but still it's there in what she does and what she says.

JOHN STEINER: Yes.

AUDIENCE: And then I was quite intrigued that she just said to him that he was afraid because she had the power to send him back to the asylum. Which feels a very kind of-- absolutely, maybe picking up his anxiety, but without these interpretations about chopped up things and his aggression. So maybe because he was psychotic she just chose a different level. And picked absolutely up his anxiety without going into very chopped-up images. But I found it quite intriguing that she would say something so concrete in a way, referring to the external as well there.

JOHN STEINER: Yes. I think she was trying to make a point about being practical and observing and not getting lost in the counter-transference. But I quite agree with you that she did use the counter-transference to focus on his anxiety. And she didn't deny that she was frightened of the patient. As always, I condense this. In fact, Klein was rather annoyed at having to see this patient. Apparently it was some senior colleague who went away on holiday and said to

her, will you see Mr. X while I'm away? And to her horror, she found she had a psychotic patient she was sort of babysitting. I think quite wanted to send him back to the asylum.

[LAUGHTER]

PRISCILLA ROTH: I think it was Francis. In back.

AUDIENCE: Actually, I'll again make exactly the same point that Helga did. I do think it's been interesting the discussion in terms of how Irma was putting it. The no seems to come from a-- you could think of it as a paternal no, but a mother who does let the affect through, and is affected, and tries to think about it. Or in terms of what Ron was saying, that she said no to colonization. Interesting that what she says she says no to, is no to communication. But my feeling is that she got that wrong, because as is coming out of this conversation, she did go to communication. And she responded with a communication that seems to have made sense on that.

But the other thing is I was thinking about is this very didactic stance and the sheer sort of authority that she has. And as Debbie says she was an extraordinary person, and we are not Mrs. Klein. But also there's a sort of cultural atmosphere within psychoanalysis, and of course not just within analysis, that has changed so much, hasn't it? She, at that time, did feel that she could talk, perhaps she should talk. John talked about what she was tasked with by the patient. That somewhere there was an expectation to talk to the patient with real authority. She had something to say and she was expected to say it. And she did.

I do feel the pendulum has really moved hugely now so that we are, rightly I think, quite anxious about doing that and about intruding and being overbearing to the patient. What you John, were talking about, the dangers with a compliant patient. And so we're sort of better off not doing that we think. Except that then when we look at this material, it's very challenging because we can feel that we are really missing something. There's a sort of colour and sheer-- there's a thing about the concrete nature of things, there's something about the kind of mythological aspect, the fantasy aspect, which comes out with such strength and intensity in this. And I can't help feeling that our way of talking to patients and the way that we think we should talk patients, thinking about that super ego from our colleagues, that you talk about. There's something just a little bit weak and colourless and even a little bit flaccid perhaps sometimes about the way we operate, compared with the way she used to operate. And it's very challenging because we, I don't think can easily

think that that's quite right to go back to how she did it, but I think it can give us a really helpful kind of critique as to what we may have lost.

I do also want to put in that there's something about the kind of primitive pictures of hatred and butchery and this kind of thing that has come up. That also, at that time, was around. It's not such a long time from Stravinsky writing *The Rite of Spring*, about a young woman being sacrificed, about Picasso's paintings. There was sort of stuff going on that Bartok wrote *The Miraculous Mandarin*, a ballet about a man being cut to pieces, in front of the audience, by a prostitute. There's an extraordinary cultural time, at that moment, when these kind of primitive fantasies were just being evoked, were being portrayed in art. So there's a sort of way in which-- the way Mrs. Klein thinks, she is of her time in that way. And again, I think it's just not so extraordinary when you look at it within that frame. And again, I think we've probably lost something.

JOHN STEINER: I think-- could I just take up one issue because I think there's a debate to be had about the sense of authority. See I've claimed, and I may have over-claimed this, that she did not speak to her patients with authority. She certainly, I think, spoke with her colleagues with authority, and always felt she had a fight on her. But my view, and I don't know that I'm sure about this at all, was that she always approached these images in an inquiring way, in a non-authoritative way. As if she was sort of saying, look, I get this image. What do you make of it? And I didn't think she was ever sort of pushing something down the throat of a patient. However, she clearly was a woman of some authority. And whether the patients saw her in that inquiring way or not is an open question. I think we're certainly, I think rightly, concerned that we can develop an authoritarian approach, which I think we would see as bad analysis. And I think it would be contrary to the psychoanalytic attitude that she outlined. But of course she may fall into doing that nevertheless.

AUDIENCE: Now I wouldn't have thought that, but I do think she-- I find myself wanting to say to you, well some of the people I've mentioned, Bela Bartok was apparently one of the most mild and friendly of men, and yet, his music is full of this quite extraordinary authoritative description of absolute chaos and destructiveness. And I think that's probably what Melanie Klein was like. I think that's probably what you're getting at. She, I don't think, comes across to me at all as of authoritarian. But she did have the authority, inside herself. She sort of gave herself the permission, as I think did Freud, in the way that he spoke and wrote. Not to hold back in coming out with extraordinarily strong pictures, I don't think we quite have the confidence to do that at the moment.

PRISCILLA ROTH: Isn't-- going back to the point that Irma made before, and about in the old days, and I was there a few years after you, not many, and in a way one was invited to make such interpretations. If you made them, they came from nowhere. They came from out of a book.

Then I want to think about what Martha said. Because I don't think you can make an interpretation, realistically, to a patient about broken up bits of meat, their experience of broken up bits of meat, their objects inside themselves, unless you know what it feels like. And I think when John is talking about that that's the image that comes, when that is the experience-- you know what it feels like inside-- that's the only time you have a right, in a way, to make such an interpretation to the patient. Which may or may not resonate with the patient, and then one pulls back a bit. But it can't be because Melanie Klein makes it or because the book says you should make it. It has to be from experience. Sorry, I think Francesca was next.

AUDIENCE: [INAUDIBLE] What I wanted to say, about five comments ago. But it was to do with this no. And I was thinking about, not just what we've lost, which I think is very helpful. You've brought us back to, John. But also what we've gained. And I was thinking about the problem of, what if you're saying no and you're not conscious of it? And I suppose that's what I feel is something I'm always having to think about. But it's a more contemporary thing perhaps. It's when we're saying no, and we don't even know we're saying no.

RON BRITTON: I want to go back to the questions you were raising about the primitive which was being explored at that time. Klein wrote a fascinating paper-- because after all the whole Kleinian analysis is based on the analysis of children, and we shouldn't forget that. They've transformed the analysis of adults.

And there's a fascinating paper she wrote in the mid '20s. I think it's called "Delinquency: Analysis of a Delinquent Child." Actually, it's about three children, one of whom she describes as seriously delinquent, another whom she describes as neurotic and inhibited, and the third she describes as relatively normal. A comment she makes about that-- because she does all her usual technique-- is they have very similar fantasies. They had fairly horrific cannibalistic and murderous fantasies, these three children. And she then compares them with a current case of serial murder and cannibalism that was taking place in Germany at the time. And adds the interesting comment, the fantasies and the play of these children seem very similar. What made the difference?

And I think we still have to address that sort of question. And it's a great strength of hers that she can say, yes, well these so-called psychotic fantasies exist universally. It's our relationship to them that matters. And there's another aspect to that. Sublimation was regarded as the cure at one point, I think, in analysis. I think she substituted for that-- though she embraced it-- reparation. Which is a new concept of therapeutic intent and, I suppose beyond adding containment, is a third major one. And I'm glad she did that because I am not impressed by sublimation. You see, you can say, well, OK, and we don't chop anybody up. And we'll just have a tea party. And somebody's terribly rude and chops up somebody, everything they actually say, and their personality.

Well it's not the Middle East, and nobody's actually being murdered, but is it really so different? Its effect isn't so different actually. If something is so-called symbolized and sublimated, depends how it's done. It can be done with murderous intent, in the nicest verbal way and it has the same murderous effect. And it has the same murderous consequences and the same guilt. So I do think she, very powerfully, makes a link between what can be extremely forensic and pathological in normal life.

PRISCILLA ROTH: Now it's Penny.

AUDIENCE: Thank you. I was just going back to what John said about the idea that people have about Mrs. Klein's technique and the way she worked. And how there's this straw man of this-- very direct, very outspoken way of relating, which maybe is how she was with colleagues, but not with patients. And I was just thinking how particularly good we are in the Society at deciding on a fact of how somebody is. And it's part of the reason why a meeting here is easier than a meeting at the Society. Because it's felt that there's a different sort of super ego floating around.

And I was just reminded of a very first seminar at the Institute when I was doing the training. I think Irma did a series of seminars on introduction to psychoanalysis. And Irma you will know the story much better than I can remember it. But she's asked us, what do you think Mrs. Klein said when a patient came into a session during the war and said I've just had terrible news about a member of my family? And we all tried to be terribly good and say what we thought the deep transference interpretation would've been. And I think, if I'm right, Irma said she said, this is no time for analysis my dear, just sit up and have a glass of Sherry.

PRISCILLA ROTH: Well, I think on that lovely note--

[LAUGHTER]

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