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THE CONTEMPORARY KLEINIANS OF LONDON

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A review of the modern British modifications of Melanie Klein's approach. While featuring its advantages along with its systematic problems, this review also argues for its recognition by all analysts as a true branch of Freudian analysis. It points up ego-psychological aspects of this approach, showing that it includes some elements that are distinctive and others that overlap standard Freudian practice. Mention is made of some incompleteness of theorizing and some seemingly avoidable tendency toward interpretive imbalance, both of which are seen to be signs of the times in contemporary analytic thinking.

INTRODUCTION

Psychoanalytic technique has developed to a remarkable extent since the time when Freud devised it. The last great wave of development was initiated by Freud when he set forth his structural theory in the 1920's in two extraordinary monographs, *The Ego and the Id* (1923) and *Inhibitions, Symptoms and Anxiety* (1926). This is not the place to review in detail all that followed under the banner of structural theory or, in its popular name, ego psychology, but certainly that review would feature the analysis of anxiety in connection with the infantile danger situations, guilt and the need for punishment, defense against the expression of those drive derivatives that would occasion anxiety and guilt, and negative therapeutic reactions.

In the seventy years since Freud wrote *The Ego and the Id*, other notable advances have taken place in technique, unfortunately often in a fashion that can only be described as schismatic. I have in mind the various forms of object-relational thinking

and technique, under which heading I would include the developments initiated by Sullivan, Klein, Winnicott, and Kohut. Of this group, I have selected for discussion here those developments initiated by Melanie Klein that I believe have been further developed in contemporary London to a point where they can be of value to every clinical analyst. Just as ego-psychological technique is radically different from, but still continuous with, Freud's first technical efforts, so this modern Kleinian work is radically different from Melanie Klein's first work though still continuous with it.

This present phase of Kleinian analysis is represented especially well by Betty Joseph and the group working more or less in association with her. This group includes, among others, Michael Feldman, John Steiner, Edna O'Shaughnessy, Irma Brenman Pick, Elizabeth Spillius, Ruth Malcolm, Priscilla Roth, and Ronald Britton. My sketchy summary of their work should be supplemented by a reading of the thorough and lucid summary provided by Spillius in her editorial essays in the two-volume work, *Melanie Klein Today* (1988), if not a careful reading of that two-volume collection of Kleinian papers itself.¹ Summarizing this mode of work is hampered by the fact that, characteristically, this group presents their ideas mainly by way of clinical examples, and to benefit from these examples, one must study them in full. I shall present one of these examples later on and follow it up with some comments of my own on the theoretical and methodological implications of this mode of analytic work. These comments bear particularly on ego psychology, oedipal sexuality, and reconstruction. If nothing else, I hope to counteract a widespread but by now especially ill-fitting stereotype of Kleinian work that deters many analysts in this country from studying that work carefully. We must keep in mind, however, that, as in all groups, there is considerable variation in

¹ This two-volume work contains an excellent bibliography of works through which are dispersed the contributions of the numerous Kleinian authors referred to throughout this discussion.

formulation and practice among contemporary Kleinians and some variation even within the cutting-edge subgroup I shall be dwelling on.

For the sake of brevity, I shall be referring mostly to "these Kleinians" or, for reasons I shall present later, "the Kleinian Freudians." My purpose is to distinguish this group from the Kleinians of South America and other parts of the world whose technical work and thinking is, on my understanding, different enough to warrant a different presentation.

I

The Paranoid-Schizoid and Depressive Positions in the Internal World

The overall framework within which these Kleinians work is constituted by two fundamental psychological positions. Implicitly or explicitly, individual instances of clinical phenomena are always characterized within this framework. These two positions are the paranoid-schizoid and the depressive. They are positions in the internal world; they do not point to observable clinical syndromes. They are prototypes in the clinician's mind of the types and degrees of adaptive object relatedness and madness that characterize the analysand's internal world at any moment. These Kleinians do recognize problems stemming from the external world, but they take them up almost entirely in terms of what they imply about current, influential unconscious fantasies. Far from assuming that this internal world is all there is to human existence, they pay close attention to what is selectively emphasized about the external world, and they use that observation to understand the analysand better and to derive effective interventions from that understanding. Thus, the external world is treated in the consulting room rather like the manifest content of a dream: as an arena in which the problems of the internal world are represented and played out.

These Kleinians usually view their analysands either as lodged somewhere between these two basic positions or as fluctuating

desperately between the two. In the most general sense, they understand this "stuckness" or flux as the analysand's being confronted in his or her internal world by two painful possibilities, the first being the persecutory anxiety that is outstanding in the paranoid-schizoid position, and the second, the guilt and feelings of devastation in the depressive position. In the paranoid-schizoid position the focus is very much on aggression or self- and other-directed destructiveness, much of it in the form of envy and fear of envy, and on grandiosity, while in the depressive position the focus is on love, understanding, concern, reparation, desire, and various other forms of regard for the object as well as on destructiveness and guilt.

The paranoid-schizoid position is also characterized by typical defenses such as splitting and projective identification; the depressive position, by regression (to the paranoid-schizoid), flight to a manic position featuring denial and idealization of self and other, or bondage to a reparative position relative to the imagined damaged objects. Mature functioning rests on one's having attained an advanced phase of the depressive position in which object love and sublimatory activity are relatively stable; however, regressive pulls are never absent.

In these general respects, contemporary Kleinians follow the storyline laid down by Melanie Klein and elaborated by her contemporaries and later followers, especially Joan Riviere, Susan Isaacs, Paula Heimann, Wilfred Bion, Herbert Rosenfeld, and Hanna Segal. They differ from Klein in their de-emphasizing and deferring detailed reconstruction of early developmental history. They prefer instead to stay, for as long as possible, close to, almost fixed to, the shifts of unconscious fantasy in the here-and-now clinical situation and most of all in the transference. Early developmental experiences with parents are usually taken up in a general way and even then mostly in terms of how they were experienced. These Kleinians further differ from Melanie Klein in their emphasis on induced countertransference as an invaluable form of communication or at least as source of information. Specifically, they try as far as possible to understand countertransference in terms of projective identifi-

cation, that is, the analysand's unconsciously allocating to the analyst negative or positive aspects of his or her own self or other internal objects in order to get rid of them, use them for control of others, or protect them from internal destructiveness; however, these analysts do not then blind themselves to the analyst's own irrational, disturbing, and self-initiated countertransferences. They take that aspect of analytic work as requiring no special emphasis by them.

In connection with these shifts away from Klein in particular, these Kleinians no longer consistently or prominently emphasize bodily organs as primitively conceived part-objects representing total relationships (e.g., the devouring breast). They focus much more on what might be called organ modes such as taking in or emptying out, and also on functions such as thinking, understanding, connecting, remembering. In general, they use terms that correspond closely to conventional experience in human relationships: such terms as hope, despair, dependency, denial, and idealization. Additionally, they no longer engage in rapid-fire, symbol-laden interpretations of whatever manifest content comes their way, being rather measured in the speed and quantity of their interpretations, as well as oriented toward gathering immediate evidence on which to base each aspect of their interventions. They favor "showing" over "telling" what's what.

Because these Kleinians seem to find signs of transference in everything, I shall discuss next this way of looking at events in the analytic session. In order to do so, it will be necessary to take up as well countertransference, projective identification, containment, and enactment, for these concepts are intertwined with here-and-now transference analysis.

II

Transference, Countertransference, Projective Identification, Containment, Enactment

Transference. Transference is approached as ubiquitous in the clinical situation. The term is used to refer to the totality of the

relationship. Everything the analysand says is scrutinized for what it indicates about the momentary state of the transference. Pretty consistently, though not necessarily in a steady stream, interpretations are addressed to this transference. This technical practice is based on several assumptions that, although they are somewhat different from the standard Freudian ones, are not alien either.

It is assumed, first, that whatever the analysand says or does rests on a substructure of unconscious fantasies, and analysis proceeds by interpreting these fantasies at propitious moments and appropriate levels. For example, a reference to a calamitous political situation might point to a calamity in the internal world. It is also assumed that the analysand's saying or doing anything in the analytic situation implies something about her or his experience of the relationship with the analyst. For example, that internal world calamity might well refer to some profound disruption of rapport in which the analyst is now suddenly experienced as a loved object damaged by hostile feelings, whereupon the patient begins to feel devastated. That calamitous state of world affairs may have been alluded to in order to make the point that the analyst's absence has caused things to change between them; alternatively, it may be a seductive invitation to the analyst to do something restorative, a positive provocation of guilt, or an expression of despair. Thus, this second assumption about implied transference covers the analysand's ideas about the analyst's attitudes and how these attitudes have been or should be modified in order to fit better into unconscious fantasy.

Third, it is assumed that rather than highlighting what is conventionally realistic, adaptive, and role-appropriate, the analyst's interventions should more or less subordinate these details to interpretation of the unconscious transference fantasies by showing how these "realistic" factors are being used seductively, offensively, or defensively as vehicles or props. For example, an analyst's devastating act may have been a seemingly matter-of-fact observation of some detachment in the

analysand's position which was, however, experienced by the analysand as a harsh criticism and intolerant demand. Here, a so-called real event did take place; what matters, however, is how it was experienced in unconscious fantasy or psychic reality, and it is that experience that should be the focus of the interpretation.

All three of these assumptions often figure in standard Freudian interventions, too; however, the standard Freudians prefer to use the term transference more narrowly to refer to a somewhat more organized, complex, more or less stable, and fairly repetitive pattern of relationship based on experienced relationships with significant figures from earlier life. To these Freudians, the Kleinian usage often seems indiscriminate, wild, or so diffuse as to lose value or meaning. On their part, the Kleinian Freudians postulate that all relationships involve unconscious fantasy and so may be considered to be mediated through the internal world, which, for them, is made up of more or less primitive object relations. Consequently, the interplay with the analyst amounts to a second step, the first being *projection* from the internal world. In contrast, the standard Freudians often or usually interpret transference as a direct *displacement* from an object representation to the analyst—perhaps a representation distorted by projection but not, to begin with, itself a projection. (See, e.g., Arlow's [1993] recent discussion of transference.)

Countertransference. The Kleinian Freudians assume that unconscious fantasies regularly figure in the thinking of the analyst; however, these fantasies and the feelings associated with them need not be treated as neurotic or psychotic invasions of the analytic process. Rather, unless the analyst is profoundly thrown off, they are to be taken as indications that, unconsciously, the analyst has received certain communications from the analysand about his or her experience of the analytic relationship; even if not intended as communications, then at least they are actions that, unconsciously, are freighted with transference meaning. Thus, in the example I just gave of an unconscious transference of a calamity, the analyst's cue might be an

impulse to be reassuring or a sense of impatience with the analysand's seeming hypersensitivity. In contrast, the standard Freudians tend to regard these phenomena as affect signals so that they can reserve the term countertransference for personally disturbed responses on the analyst's part. On the whole, however, it is my impression that the standard Freudians, too, would use "affect signal" or perhaps "role responsiveness" as a cue to what the analysand is experiencing or intending in the transference, and perhaps as well a cue as to how the analyst is being provocative actually or in fantasy. In my view, therefore, they would be functioning much as the Kleinians do in this respect.

Projective Identification. The mechanism of these countertransference-inducing communications is generally understood to be a defensive use of projective identification. Projective identification is projection, as usually understood by standard Freudians, but with this big difference: it is conceived in terms of unconscious fantasy content of an object-related nature. That is to say, it centers on an aspect of the self or an internal object that is ascribed to another person in fantasy, in behavior, and in other subtle forms of communication. In the clinical situation, for example, the analyst may be experienced as a critical figure after an internal critic has been projected "into" the analyst. In projective identifications, there are often implications of imagined control of the object through locking it into this role, perhaps with the support of fantasies of omnipotence. In response, the analyst may begin to feel controlled or even *be* controlled, as though possessed by an introject.

Kleinian interpretations of projective identification do not necessarily include explicit attempts to develop connections between, on the one hand, the part-object or partial self projected from the internal world, and on the other, past experience with a specific person in "real life"; instead, the emphasis on the moment may be sustained and developed at length. The analytic work proceeds by close scrutiny of such revealing moments. Also to be noted is protective projection. Projective identifica-

tion is also an essential constituent of empathy. Usually, defensive splitting precedes the projective identification so that the term implies fragmentation into good and bad parts of the self or the object or both.

In cases of nonempathic or "pathological" projective identification, the person is likely to experience blurring of the lines between self and object, perhaps with some confusion, and additionally some feeling of the self emptying out or perhaps being imprisoned within the object. Hinshelwood (1989, pp. 178-208) has provided a relatively up-to-date extensive abstract of the literature on projective identification.

Containment. Containment is commonly implied in projective identification. In the transference, the analyst is now unconsciously the container of some concretized aspect of the analysand's internal world; for example, it may be that critical, personified aspect of the self that I mentioned. For a time, the analyst may accept this containing function and defer interpreting it. She or he may do so in recognition of the patient's feeling too fragile to reintroduce the self-criticism, which would be the consequence or at least the threat were the projective identification to be interpreted just then. In such an instance, the analysand might experience the interpretation as a passing of abusive judgment and as the analyst's really acting sadomasochistically. In contrast, tactful and timely interpretation may serve to ease the analysand's burden by tempering what has been projected; interpretation shows that the content has been processed by the analyst on a higher level and found not to be devastatingly exciting, painful, or destructive. It is recognized that this is not invariably the result at the moment; it is, however, thought that analytic progress depends on this kind of result. Containing is not used in the sense of setting limits; on the contrary, it has more to do with being patient, tolerant, and steadfast.

On their part, analysands may fantasize being the containers of their analysts. We hear or infer this incorporative phenomenon before or after separations from the analyst, the analysands

having continued to feel their analyst's presence, for better or for worse. (Bion's work has been especially important in this area, as it has been in the area of projective identification.) When the analyst's countertransference gets out of hand, he or she is very likely to use the patient as a container for projective identifications of desire, coldness, cruelty, or whatever, just as parents often do in relation to their children.

Enactment. Enactment is another necessary concept in this context of close-up transference-countertransference analysis. Enactments need not be gross. They may be as simple as the analyst's getting too absorbed in analyzing a particular content of communication while losing sight of the indications that, for example, the analysand is putting that content forward to induce the analyst to speak. In this case, the analyst may be being made to speak as a way of eliciting a reassuring show of interest, a sign of having survived damaging attacks, or a proof of still being on the attack in her or his assigned sadistic role. In other instances, to cite only two of them, the enactment may take the form of the analysand's pseudostupidity as a seduction of the analyst to do all the thinking in the room, or the form of the analyst's becoming actively and directly supportive when only containment and deeper understanding are called for.

Because enactments are inevitable and, when analyzed, highly informative of currents in the transference and countertransference, constant vigilance is required both to detect the pertinent signs and to put them to good use. It is impressive how these Kleinian analysts listen to all possible aspects of their analysands' associations *and* their own responses *and* their analysands' responses to their interventions: the where, how, when, and why as well as the what of these communications. Their sense of dialogue is developed to a very high point.

Consider the example of a male patient who presents a tale of having been helplessly victimized and does so in a way that involves groping for words and struggling to remember related incidents. In this case, the Kleinian Freudian might understand it as an enactment of helplessness in the transference designed

to induce in the analyst the countertransference of wanting to step in helpfully or reassuringly by filling in, tying up, and explaining. In this case, this analysand will have been trying to effect a projective identification of his more capable or thinking self—his mind—into the analyst. The analyst might decide, perhaps only after having started down that road before realizing it, to show the analysand that, through projective identification, he is trying to bring about that achievement of personal mindlessness. The interpretation might go on to emphasize the temporal aspect of this interaction, for example, that the analysand is telling this tale in this helpless way after having proudly reported a special achievement and then having begun to fear that this report constituted too much of a damaging attack on the analyst, whereupon he was compelled to enact some restorative helplessness in order to make up for the damage or to get some guilt-relieving reassurance in the form of an unimpaired interpretation. In the continuation of this interchange, the analysand may fail to understand this very intervention by the analyst, or may experience a sense of being deeply understood and freer to make manifest his assets.

Now, in a general way this kind of intervention, too, is not alien to the work of standard Freudians; pertinent examples may be found in many places in our literature. What is important for us to note here is how steadily and acutely these Kleinians emphasize this aspect of the total situation. In this respect the standard Freudians can try to fault them only for overdoing it or over-reacting. But in this day and age of multiple approaches, who, I would ask, can still claim absolute analytic authority to pass such a judgment? Differing worlds of analytic work develop their own criteria of validity and thereby defend and assert their own identities. Sweeping rejections are usually exercises of political power rather than demonstrations of analytic sagacity.

Before turning to the clinical example, a word should be said about the place of affect theory in the writings of these Freudian Kleinians. My brief remarks on this topic will continue to be cast

in a comparative mode. Freud and those who have developed further his metapsychological enterprise proceeded on the assumption that affect is one of the two "presentations" of the instinctual drives, the other being ideation (Freud, 1915b). Affect corresponded to the energetic or quantitative aspect of drives and was a direct or indirect discharge phenomenon. Especially after Freud presented his developmental scheme for anxiety in *Inhibitions, Symptoms and Anxiety* (1926), the way was open for developmental approaches to affective life (see, for example, Rapaport [1953] and Jacobson [1971]). In recent years ego-psychological analysts have increasingly recognized that affects must be conceptualized as having cognitive components, which is to say that they express reactions to experienced situations and so always imply ideational content.

My understanding of the current approach to affect by the Kleinian Freudians is that they deal with affect always in terms of experienced situations. In particular, they focus on experienced vicissitudes of self and objects primarily in the internal world of unconscious fantasy. They continue to give anxiety and guilt central places in developmental theory, adding, however, depression and envy as factors of equal importance. As well as these, they use the familiar list of love, hate, grief, rage, jealousy, and so on, typically in settings of ambivalence and defense against painful and destabilizing emotional experience. Their conception of envy starts with the first stages of psychic development; depression, a fundamental reference point, is conceived as having significant loving and reparative implications.

III

Clinical Example

I have chosen my extended example from Betty Joseph's paper on projective identification (1987). I quote from her.

A patient, N., who had been in analysis many years, had recently married and, after a few weeks, was becoming anxious about his sexual interest and potency, particularly in view of

the fact that his wife was considerably younger. He came on a Monday, saying that he felt that 'the thing' was never really going to get right, 'the sexual thing,' yes, they did have sex on Sunday, but somehow he had to force himself and he knew it wasn't quite all right, and his wife noticed this and commented. It was an all-right kind of weekend, just about. He spoke about this a bit more and explained that they went to a place outside London, to a party, they had meant to stay the night in a hotel nearby, but couldn't find anywhere nice enough and came home and so were late.

What was being conveyed to me was quiet, sad discomfort, leading to despair, and I pointed out to N. how he was conveying an awful long-term hopelessness and despair, with no hope for the future. He replied to the effect that he supposed that he was feeling left out, and linked this with what had been a rather helpful and vivid session on the Friday, but now, as he made the remark, it was quite dead and flat. When I tried to look at this with him, he agreed, commenting that he supposed he was starting to attack the analysis, and so on. The feeling in the session now was awful; N. was making a kind of sense and saying analytic things himself, which could have been right—for example, about the Friday—and which one could have picked up, but, since they seemed flat and quite unhelpful to him, what he seemed to me to be doing was putting despair into me, not only about the reality of his marriage and potency, but also about his analysis, as was indicated, for example, by the useless, and by now somewhat irrelevant, comment about being left out. N. denied my interpretation about his despair about the progress of the analysis, but in such a way, it seemed to me, as to be encouraging me to make false interpretations and to pick up his pseudo-interpretations as if I believed in them, while knowing that they and we were getting nowhere. He vaguely talked about this, went quiet, and said: 'I was listening to your voice, the timbre changes in different voices. W. (his wife), being younger, makes more sounds per second, older voices are deeper because they make less sounds per second, etc.' I showed N. his great fear that I showed with my voice, rather than through my actual words, that I could not stand the extent of his hopelessness and his doubts about my-

self, about what we could achieve in the analysis and, therefore, in his life, and that I would cheat and in some way try to encourage. I queried whether he had perhaps felt that, in that session, my voice had changed in order to sound more encouraging and encouraged, rather than contain the despair he was expressing. By this part of the session my patient had got into contact and said with some relief that, if I did this kind of encouraging, the whole bottom would fall out of the analysis (pp. 175-176).

In this paper Joseph returns to this material several times in order to integrate and further develop her analysis. She discusses how, instead of asking her to understand, this man was trying to invade her with despair while at the same time to get her to try to reassure herself that meaningful work was going on rather than empty interaction. Thus, he was also projecting into her his defenses of false reassurance and denial, defenses probably modeled on a weak maternal figure in his internal world. Her responding differently then gave him a basis to identify with a stronger object so that he could be firmer himself and also concerned for her and somewhat guilty as part of a shift ahead toward the depressive position. In the next session, however, he brought a dream, the analysis of which led to the interpretation that he was reacting against this progressive shift and preferring to drown in despair and reject the goodness that had been offered by her understanding. At this point she was supposed to feel hopeless and impotent to help him, and he could restore his identification with that defeated figure.

In view of her impression that the patient made such liberal use of projective identification, Joseph tries to leave open just how weak the maternal figure really was. At the base of that projective emphasis, she surmises, was a wish to get back into the object in an undifferentiated state where he would be mindless and free of pain. She infers this by observing his having become so absorbed in his own words and ideas as well as in the sound of her voice that he rendered meaning itself unimportant. Along the way, she refers also to other aspects of this

material pertaining to hostility, sexual arousal, masochism, and omnipotent strivings. In the end she presents an extremely complex analysis that gets well beyond any routine understanding of a negative therapeutic reaction.

IV

Ego Psychology

With this introductory survey and these examples behind us, I go on now to argue my view that this mode of Kleinian work implies and implements an ego psychology of a kind that differs from the one that standard Freudians (especially in the United States) habitually call by that name. It is ego-psychological in the following ways. First, it constantly emphasizes the status and use of ego functions in reality relations and intrapsychic operations as well as the invasion of these functions and relations by unconscious fantasy—what we might otherwise call instinctualization and regression. Thus, levels of cognitive function figure prominently in this contemporary Kleinian work; one sees this focus perhaps most of all in the distinction drawn between the concreteness of primitive mental processes and what, following Bion, is called thinking, which is to say, cognition that features understanding use of verbal signs and symbols. In concrete mental processes, words, sentences, and entire communications function rather as objects so that they may be shattered or be regarded as poisonous, excremental, or nourishing.

There is an ego psychology in the kind of intersubjective and situational focus maintained on transference and countertransference. Here, formulations are, as I mentioned earlier, usually cast in the terms of familiar and conventional conscious discourse about human relations (envy, anxiety, grief, dependency, etc.). Instinct theory remains very much in the background and surfaces only occasionally, typically in introductory and summarizing discussions of cases. Although these Kleinians still pay homage to the overarching concept of a death instinct, they do not do so in any emphatic way, and it is clear that they are

talking about rage and destructiveness when they say "death instinct," whatever else those words might mean to them. This aspect of their approach is not so different from that of today's standard Freudians; their presentations, too, no longer center explicitly on the disposition of libidinal and aggressive drive energies, though they would not disavow the concepts of libido and aggression.

Further on ego psychology: I've already mentioned that there is now little emphasis on "part-object" references to bodily organs. Also mentioned earlier is that we find few detailed, elaborate reconstructions of early infantile events of the preverbal past. In this present mode of work, the past is not usually emphasized as the "place" where all mysteries will be solved. In the consulting room, it hardly seems that there is a past; instead, the past is customarily part of present discourse, references to it by the analysand always being examined for the function they serve in inner-world unconscious fantasy concerning the here-and-now transference and countertransference. Sometimes these unconscious fantasies get to be successfully actualized through some successful manipulation of the analyst or through the analyst's own poor understanding or narcissistically motivated blunders; more often they are taken up as the analysand's constructions of the present in psychic reality and enactment.

Furthermore, these Kleinians are centrally oriented to the analysis of defense. Among the defenses, they put special emphasis on splitting, denial, projection, introjection, idealization, identification used as a defense, and repression. Although in many instances the dynamic content dealt with defensively is not that usually emphasized in traditional Freudian writings, neither is it utterly alien, as any broad survey of our literature will show. Also to be noted in this regard is that the Kleinian analysis of defense usually takes up both defense and the motivation for defense, that is, the danger situations. These dangers are, however, conceived in somewhat different but not utterly alien terms. Specifically, the Kleinians emphasize a variety of dangers associated with experiences of destructiveness, persecution, or

depression, and the annihilation of the self or ego looms large as an ultimate catastrophe.

Next, I would emphasize something I pointed out in an earlier communication (Schaffer, 1968).² These Kleinians do not exclude fantasy content from their conception of defense mechanisms, seeing splitting, for instance, as also a destructive act; in this respect they make clear that their ego psychology, unlike the conventional structural-functional one, is also a dynamic theory of the ego. We should remember that, already in 1926 and as part of his introduction of structural theory, Freud had ascribed dynamic, unconscious fantasy content to the mechanisms of defense (e.g., isolation as a prevention of dangerous touching).

Further, just as superego factors are regularly part of traditional Freudian ego psychology, they are also that in contemporary Kleinian work. There, however, we find not so much reliance on the terms atonement and undoing as on "reparation." The emphasis on reparation underscores the love or concern for the object that these Kleinians see as a vital and potentially constructive setting for guilt reactions in the depressive position; by contrast, the traditional Freudians present guilt in a more narcissistic and simply self-punitive light. For these Kleinians, therefore, superego action is always personified, never the abstract code that Freud conceptualized as the endpoint of superego development.

Finally to be emphasized in this ego-psychological connection is that, when presenting case material, these Kleinians typically rely on, but do not make a point of, common-sense understanding. Consequently, they are puzzled and sometimes even bridle when critics suggest that they are ignoring certain patent realities of the patient's past and present life or of the clinical situation, or that they bypass the idea that countertransference may

² See also my "Commentary" on a group of new Kleinian papers, forthcoming in *Psychoanalytic Inquiry*, 1994, for related comments, both appreciative and critical, on this branch of analytic work.

have prominent neurotic or psychotic features. "Don't you think we know that?!" they seem to say, "We are talking about work not warped by these factors, that is, we are talking about the psychoanalytic process when it can be considered to be going on as it should." Thus, in this respect, too, these analysts are not so different from traditional Freudians, for they also take many common-sense considerations for granted unless something is very much out of line. Unlike the traditional Freudians, however, these Kleinians just do not seem to see a need to theorize, or to theorize at any length, all these homespun issues, for they do not aim toward a general psychology. This narrower attitude toward theorizing has its problematic side, which I shall take up later on.

By now it may be clearer why I have used the designation "Kleinian Freudians." It is because I see the Kleinian work in the way that the Kleinians themselves see it, that is, as a development out of the heart of Freud's thinking. Although some of their basic theoretical references go back particularly to what Freud wrote in *Instincts and Their Vicissitudes* (1915a) and *Beyond the Pleasure Principle* (1920), their theory is on the whole better grounded in Freud than is commonly recognized. It is, I think, correct to say that we are considering here another branch of Freudian thought. It is not an artificial graft on the Freudian tree, and it is not a cluster of destructive vines on it.

V

Critical Remarks

I come now to some concluding observations, suggestions, and criticisms of the work I have been sketching. Like what has come before, however, these concluding remarks are hardly more than signposts of important problems to be confronted in relation to these Kleinian advances in clinical work.

1. These Kleinians remain objectivist or realist in their phenomenology. They consistently present their material as though they are in the position of purely independent observers—even

of their own countertransferences. To my mind, this is contrary to what one might expect from the object-relational point of view. That point of view would seem inherently to favor a dialogic rather than objectivist idea of the material being analyzed; by "dialogic" I mean put into words and developed jointly by analysand and analyst in their interchanges (Schafer, 1992). They, however, maintain a steadily factual or realist tone throughout their writings; they "discover" rather than "co-author." In this respect, they do not differ from standard Freudians. Neither group does much to acknowledge divergent points of view, that is, to practice what I call comparative analysis (Schafer, 1985).

2. As I see it, these Kleinians have not adequately developed a position on matters of importance in standard Freudian structural and functional theory. For example, beyond some dynamic propositions, they do not concern themselves sufficiently with such key questions as what enables their analysands to answer with more or less stable understanding to interpretations. I have tried to show that they do put a lot of emphasis on the motives, mechanisms, and fantasies that interfere with the reception and understanding of what the analyst imparts to them. But because their paranoid-schizoid and depressive positions are presented as all-encompassing, even if with adaptive potential, there is no well-developed theoretical provision for what standard Freudians call the observing ego and the ego's synthesizing function, that is, the analyst's structurally and functionally stable and intact collaborator and dialogical partner in the process. In this connection, the Kleinians do not draw systematic distinctions between self concepts and ego concepts; using them rather interchangeably, they speak comfortably about attacks on the ego, the self, even the mind, in a way that refers in part to actual functional disturbances and in part to unconscious fantasies of the ego, self, or mind being a substance that can be ejected, spoiled, or broken into pieces. The concretistic fantasy of mind is not foreign to any analyst who works on primitive levels of function, but fantasy is not systematic theory, and primitive dy-

namics cannot account adequately for secondary process communication and organization.

Although it can therefore be argued that significant aspects of their work is undertheorized, it is not at all clear that at this stage of creative endeavor comprehensive systematization should be emphasized; the model set by Heinz Hartmann (1964) is, in general, no longer a major influence in psychoanalysis. Also, variations of function can be taken up in terms of fantasy, too.

3. More and more, these Kleinian Freudians de-emphasize reconstruction. Going further, I would say that they seem to de-emphasize causal explanations of any sort. Not that they scrupulously avoid these formulations or condemn them, but primarily they remain intent on developing explicitly the phenomenology of the internal world and the way it is played out in relations with the external world. They fear that otherwise they might interpret before they truly understand, and this, I would say, is a well-taken caution. One sign of this shift of emphasis away from explanation is that, in their case presentations, they do not develop accounts that warrant the designation "life histories." Typically, the examples of work they present are in mid-stream, and we do not get much of an account of the preceding analytic process and its place in overall history. Thus, they seem to follow the guidelines laid down by Bion (1967): to approach each session so far as possible "without memory or desire." I believe that this restricted emphasis on the present, technically and interpretively, pushes other aspects of the analytic context out of sight and leaves their readers with too many unanswered questions.

Further to this point, I believe that Bion's advice makes a good deal of sense so long as it is not examined too closely; in his own way, Freud had already recommended the same basic approach when encouraging bending one's own unconscious to the patient's. More closely examined, however, the advice clearly misrepresents the mind of any analyst working with an analysand about whom a good deal has already been formulated and in relation to whom a good deal has already been experi-

enced. And this is not yet to speak of theoretical orientation and therapeutic aims, however well regulated they may be. Nor is it to speak of all those benign and malignant countertransferential aims that require constant monitoring. Finally, thinking causally and retrospectively is probably impossible to suspend altogether; certainly, this is so for the short term, and probably it is indispensable in organizing any significant intervention, however phenomenologically cast it may be.

4. Characteristically, these Kleinians view their analysands, including those who diagnostically would not be put in any seriously disturbed group, as struggling with many unresolved primitive issues associated with the paranoid-schizoid and early depressive positions. By implication, then, it is as if the analysands are struggling with problems that date from their earliest years. Consequently, the prototypical objects they refer to in their interpretations tend to be the mother of unconscious fantasy with her baby or toddler though sometimes also an undifferentiated parental couple. Similarly, the prototypical issues and modes of relationship tend to center around primitive experiences of pain, goodness and badness, anxiety, dependency, loss, abandonment, and the like.

In the current life details in their published process notes, however, their analysands often come across much like those presented in papers written by members of other schools of psychoanalytic thought. That is to say, the analysands are often preoccupied with their sexual relationships, usually heterosexual desire, love and its frustrations, and sometimes with similar homosexual issues. Triangulations, ambitions, and feelings of inadequacy, damagedness, and undesirability are also common. But the Kleinian analyst's interventions tend to reduce this material rather quickly to what the standard Freudians would call the pregenital or preoedipal levels of experience and organization. Consequently, there is precious little development of the analysis of conventionally oedipal sexual conflict in and of itself. Although, in working through problems of the paranoid-schizoid and depressive positions, the analyst may take note of

the analysand's developing a reliable capacity for love and concern and a readiness for sexual gratification, and although he or she may refer to an early form of the oedipus complex, that analyst may still treat genital matters much as the manifest content of a dream should be treated, that is, primarily as a pathway to unconsciously dyadic issues.

On their part, however, contemporary Freudians have been paying much more attention to the preoedipal or pregenital, dyadic foundations of the oedipus complex and its disturbances. They also keep a sharp eye out for signs of early oedipal developments as well as disruptions of early ego and superego development and the stable and constant object relations that should be beginning to evolve. In this, they move closer to the Kleinians. Rather characteristically, however, they seem to me to try to work with *both* dynamic levels, that is, to maintain an optimally flexible position with regard to the dynamic level most appropriate to take up at any given time. In any event, they would not be so quickly reductive as the Kleinians, which is to say that they would not be so quick to view conventional sexuality with suspicion as probably being emphasized for defensive purposes in order to avoid the larger issues appropriate to the paranoid-schizoid and depressive positions. Consequently, in my view, the standard Freudian phenomenology and patterning of sexual experience is more developed even if not always appropriately applied and even if still, and far too often, quite limited in its departure from a narrow oedipal approach.

How does this Kleinian focus on the primitive tie in with these Kleinians' de-emphasis of reconstruction? Much of their argument seems to depend on the idea that accounts of the past or of events outside the consulting room, even those in the immediate present, are unreliable. These accounts are not necessarily false; rather, patients are probably presenting them as props in order to develop an emotional position vis-à-vis the analyst. Consequently, one cannot be sure of having a rounded or balanced or comprehensive picture or what, in ordinary terms, would be accepted as the actual life history or the actual present

life situation or even a specific other person. I believe that there is much to recommend this policy of suspicion or suspended judgment. Remaining with this moment-to-moment work is essential in the opening up of significant themes and the establishment of communication that resonates with the deep emotional experiences of hitherto inaccessible analysands. I believe that standard Freudians in general take a similar view of the unreliability or undecidability of "case history" material, and yet in their published reports they often seem to forget their appropriate reservations in this regard.

5. Finally, taken in its entirety, we can see that this Kleinian approach is so centered on the dynamic present, and on issues of relatedness and the many forms of dialogue, that it allows these Kleinians much narrative freedom in writing up their cases for publication. We can tell that this is so from the titles of many of their papers. In Betty Joseph's work, for example, we find such titles as "The Patient Who Is Difficult To Reach," "Addiction to Near-Death," "On Understanding and Not Understanding." Other titles from this group of workers emphasize resonance, reassurance, retreats, enclaves, and so on. This narrative freedom becomes most evident within the bodies of Kleinian Freudian papers where the theme announced in the title becomes and remains an organizing principle. On their part, standard Freudians no longer systematically avoid colorful experiential titles, but usually they practice more reserve in the body of their papers, as though to demonstrate that they are scientifically sound and safely neutral. Consequently, and as an extra bonus, these Kleinian Freudians are, I think, usually more engaging writers, and, in this stage of the evolution of psychoanalysis, they can have a liberating and invigorating effect on the reader as well as helping him or her work with patients with greater acuity and depth.

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PSYCHOANALYTIC "PROBLEMS" AND POSTMODERN "SOLUTIONS"

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A number of recent revisions of psychoanalytic theory implicitly draw on postmodern conceptualizations of human selves and human subjectivity. Though postmodern ideas have a wide currency in the humanities and in literary criticism, and are increasingly represented in critiques of science, psychoanalytic clinicians are generally less familiar with the body of writings that encompass postmodernist thought. This paper discusses the evolution of postmodernism and its emergence into psychoanalytic theory using the work of Roy Schaffer and Irwin Hoffman as cases in point. I will suggest that when postmodernism is applied to psychoanalytic practice, the result is only a partial solution, at best, to the problems of metapsychology postmodernist revisions were intended to resolve.

The purpose of this paper is to evaluate critically the implications of what increasingly appears to be a "postmodernist" turn in psychoanalytic theory and practice. Psychoanalytic clinicians like Roy Schaffer and Irwin Hoffman—as cases in point—have articulated new models for psychoanalysis that are implicitly informed by postmodern critiques of science, literature, and philosophy. In these accounts, psychoanalytic metapsychology is superseded by postmodern discussions of subjectivity, which

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