Robert M. Young Online Writings

BEING A KLEINIAN IS NOT STRAIGHTFORWARD

by **Robert M. Young**

It is easier to think up an intriguing title than to find a text to justify it. However, in this case I found myself able to identify what I meant relatively easily, so I won't tantalise you, and I hope I won't disappoint you.

But first a joke you may have heard. The patient arrives five minutes late to a session with Mrs Klein, who lets her irritation show: 'You are late. You have missed the first two interpretations.' Why is it funny? Kleinians are thought to make long and penetrating interpretations based on what may appear to an unsympathetic outsider to be based on very little material. Similar things have been said about the inferences made from infant observation. There is a whiff of things spun from very little substantive evidence and that it is done with a suspect air of certainty. I think this is a suitable entree into why being a Kleinian is not straightforward.

Kleinianism takes us into territories which are developmentally pre-conceptual and preverbal, so it is hard to express things without sounding silly, mystical pompous or mad**.** Freud concentrates on mental structures and processes, while Klein plunges into the content of primitive phantasies. For example, in a key paper of 1935, she refers to sadistic impulses against the mother's breast and inside her body, wanting to scoop out, devour, cut to pieces, poison and destroy by every means sadism suggests (Klein, 1935, p. 262). In her most famous essay she refers to oral impulse to suck dry, bite up, scoop out and rob the mother's body of its good contents...' and goes on to refer to attacks derived from anal and urethral impulses and expelling dangerous substances (excrements)' (Klein, 1946, pp 7-8). Primitive, part-object language is commonplace in Kleinian writings and is particularly vivid and startling in the writings of Klein, Bion and Meltzer.

Being a Kleinian takes us into territories where psychotic anxieties associated with annihilation predominate, where it is hard to be and even harder to think, as Bion put it, 'under fire'. It takes us into territories where things are multi-layered and where we occupy several developmental stages simultaneously, where there are few and sometimes no developmental signposts of the sort which the classical Freudian libido theory provides — more like a cauldron than a structured space. It takes us into a literature which is profoundly and primitively evocative but where the theory is only patchily articulated in any systematic way and where the relationships between Kleinian concepts and concepts from other psychoanalytic orientations are hard, sometimes impossible, to discern, e.g., between the paranoid-schizoid and depressive positions, on the one hand, and the Oedipus complex and situation, on the other; or between borderline states on the one hand and pathological organizations, on the other. It centres on concepts of countertransference and of containment which are at odds with notions of the analytic process which characterize the ideas of Freudian and middle group theorists. Two more things. It is often exhausting and demoralizing. Finally, the social relations of the Kleinian subculture are complex, scary, sometimes dangerous and even embarrassing and indefensible.

Now, to locate my own trajectory. I wasn't always a Kleinian, and even now, I decline to be an orthodox or rabbinical one or an acolyte of either of the two sects which are on offer. I worked out for the purposes of this lecture that I was first introduced to psychoanalysis forty-five years ago (I could characterize the moment) and became a serious student of it three years later when I took up work as a research assistant to an ambitious project designed to quantify psychoanalytic content according to a classificatory scheme being developed by John Dollard and Frank Auld at the Institute of Human Relations at Yale. My job was to sit behind a one-way mirror and observe and record analytic sessions. From there I went on to study psychoanalysis in a medical school where the psychiatry department held sway over internal medicine and where George Engel and others developed a comprehensive theory of health and disease in psychosomatic terms. The orientation in this work was that of a supposedly biologically-based ego psychology, and I thought in those terms for more than a decade, when I came to be influenced by ideological critiques of it as too adaptive and socially conformist. We are up to the mid-1960s now, when orthodox psychoanalysis was going its own way but young people were taking up positions in debates among the followers of Fromm, Reich and Marcuse, debates which I studied and taught to psychology and social science students at Cambridge for some years. Starting in the mid-1970s, a group of us, including Karl Figlio, Barry Richards, Margot Waddell and later Paul Hoggett, were studying psychoanalytic writings in the hope of enriching the political discussions of the times. We became disillusioned with how simplistic some of the criticisms of psychoanalysis were, so we started afresh to read the classics, including Freud, Klein, Bion, Menzies Lyth and Winnicott. My own trajectory went from there to a middle group analysis and then to a Kleinian one and a Kleinian apprenticeship with Bob Hinshelwood and finally a postgraduate training. So, you see, I was a Freudian and then an independent before I was a Kleinian.

The reading group was my first serious contact with Kleinian ideas, and the door through which I entered was quite explicitly critical of Freudian ideas. Indeed, this is the main theme of the last thirty or so pages of Bion's *Experiences in Groups,* where he is talking about primitive Oedipal conflicts, part-object relations and psychotic anxieties. By the time he gets to his concluding summary, he is quite blunt: 'Freud's view of the dynamics of the group seems to me to require supplementing rather than correction' (Bion, 1955, p. 475). He accepts Freud's claim that the family group is the basis for all groups but adds that

this view does not go far enough... I think that the central position in group dynamics is occupied by the more primitive mechanisms which Melanie Klein has described as peculiar to the paranoid-schizoid and depressive positions. In other words, I feel... that it is not simply a matter of the incompleteness of the illumination provided by Freud's discovery of the family group as the prototype of all groups, but the fact that this incompleteness leaves out the source of the main emotional drives of the group (*ibid.*).

Further investigation shows that each basic assumption contains features that correspond so closely with extremely primitive part objects that sooner or later psychotic anxiety, appertaining to these primitive relationships, is released. These anxieties, and the mechanisms peculiar to

them, have already been displayed in psychoanalysis by Melanie Klein, and her descriptions tally well with the emotional states

of the basic assumption group. Such groups have aims

far different either from the overt task of the group or even from the tasks that would appear to be appropriate to Freud's view of the group as based on the family group. But approached from the angle of psychotic anxiety, associated with phantasies of primitive part object relationships... the basic assumption phenomena appear far more to have the characteristics of defensive reactions to psychotic anxiety, and to be not so much at variance with Freud's views as supplementary to them. In my view, it is necessary to work through both the stresses that appertain to family patterns and the still more primitive anxieties of part object relationships. In fact I consider the latter to contain the ultimate sources of all group behaviour (p. 476).

In Bion's view, then, what matters in individual and group behaviour is more primitive than the Freudian level of explanation. The ultimate sources of our distress are psychotic anxieties, and much of what happens in individuals and groups is a result of defences erected *against* psychotic anxieties, so that we do not have to endure them consciously. Bion says of the group,

My impression is that the group approximates too closely, in the minds of the individuals composing it, to very primitive phantasies about the contents of the mother's body. The attempt to make a rational investigation of the dynamics of the group is therefore perturbed by fears, and mechanisms for dealing with them, which are characteristic of the paranoid-schizoid position. The investigation cannot be carried out without the stimulation and activation of those levels... the elements of the emotional situation are so closely allied to phantasies of the earliest anxieties that the group is compelled, whenever the pressure of anxiety becomes too great, to take defensive action (Bion, 1955, p. 456).

The psychotic anxieties in question involve splitting and projective identification and are characteristic of the paranoid-schizoid and depressive positions, now as group processes (p. 457). According to Bion, the move from the individual to the group does not raise new issues about explanation. He says a little further on, 'The apparent difference between group psychology and individual psychology is an illusion produced by the fact that the group brings into prominence phenomena which appear alien to an observer unaccustomed to using the group' (p. 461).

This passage had a big impact on my thinking, as did the following one from Joan Riviere's classic Kleinian essay 'On the Genesis of Psychical Conflict in Early Infancy' (1952):

I wish especially to point out... that from the very beginning of life, on Freud's own hypothesis, the psyche responds to the reality of its experiences by interpreting them — or

rather, *mis*interpreting them — in a subjective manner that increases its pleasure and preserves it from pain. This act of *subjective interpretation of experience,* which it carries out by means of the processes of introjection and projection, is called by Freud hallucination; and it forms the foundation of what we mean by *phantasy-life*. The phantasy-life of the individual is thus the form in which his real internal and external sensations and perceptions are interpreted and represented to himself in his mind under the influence of the pleasure-pain principle. (It seems to me that one has only to consider for a moment to see that, in spite of all the advances man has made in adaptation of a kind to external reality, this primitive and elementary function of his psyche — to misinterpret his perceptions for his own satisfaction — still retains the upper hands in the minds of the great majority of even civilized adults.) (Riviere, 1952, p. 41).

In claiming that experience is characteristically misinterpreted at source and that distortion to the point of hallucination is at the very foundation of experience, Riviere is saying that there are no uninterpreted experiences, and there is no neutral observation language in everyday life. You don't start with pure sense data which then get subjectively distorted. The very act of *having* experience is coloured by irrational processes. Looking more broadly, by the way, the same claim about there being no neutral observation language is made of science in recent work in the philosophy of science.

Another way of putting this point about the role of primitive processes was said to me one Saturday morning in the early 1980s at the intersection of Baker Street and the Marleybone Road: 'All knowledge is knowledge of the mother's body'. I remember that moment vividly. It is connected to a broader claim, that we continue throughout life unconsciously to experience all of life and thought in an alimentary way. Meltzer (1992) makes this very vivid in his critique of careerism in the concept of the claustrum. Not only is the ego at bottom a body ego; the same is true of the mind more broadly conceived. The general form of these claims from Bion, Riviere and Meltzer is that the primitive is never transcended. Indeed, Riviere and Isaacs claim that unconscious phantasy is the *sine qua non* of having a mind and is at work at the foundations of all of thought, no matter how sophisticated on the surface.

Well, that's a far cry from what I had been taught in medical school and had experienced in my first analysis. Indeed, I remember the child psychotherapist of one of my children saying to me on several occasions that 'Miss Freud was fond of saying, "Reality must be our first hypothesis"'. She was also fond of describing the analytic process as one of education, of replacing maladaptive ideas with realistic ones. That way of thinking is a long way from distorting experience to the point of hallucination in the very having of experience. Another stark assertion I took in somewhere about this point in the development of my psychoanalytic orientation was a droll comment of Meltzer's. Klein described schizoid mechanisms as occurring 'in the baby's development in the first year of life characteristically... the infant suffered from states of mind that were in all their essentials equivalent to the adult psychoses, taken as regressive states in Freud's sense' (Meltzer, 1978, part 3, p. 22). Klein says in the third paragraph of her most famous paper, 'Notes on Some Schizoid Mechanisms', 'In early infancy anxieties characteristic of psychosis arise which drive the ego to develop specific defence-mechanisms. In this period the fixation-points for all psychotic disorders are to be found. This has led some people to believe that I regard all infants as psychotic; but I have already dealt sufficiently with this misunderstanding on other occasions' (Klein, 1975, vol. 3, p. 1). Meltzer comments that

'Although she denied that this was tantamount to saying that babies are psychotic, it is difficult to see how this implication could be escaped' (Meltzer, 1978, part 3, p. 22).

In case these examples are not self-explanatory, I am mentioning moments in my own psychoanalytic studies which led me to a growing conviction that Kleinian psychoanalysis is tough, scary and far from straightforward. I'll put that more starkly and say that it sacrifices objectivity for truth. The reassuring scientistic language and models used by Freudians go out the window, as does the sensible civility of the Independents. Kleinianism, you might say, affects the parts of the inner world other beers do not reach, and by placing the emphasis on the inner world which it does, it loses the appearance (for it was never a reality) of conforming to the traditional relationship of observer and observed with science posits and which leads us to believe that we are here observing, as if with an optical instrument, and the patient is over there, being observed. In fact, we are inside each other and often unsure who is having which thought or feeling, and primitive processes are much more present and influential that we like to believe (Young, 1997).

I want now to offer three parallel stories, one about projective identification, another about the Oedipus complex and a third about countertransference (each is drawn from a more extensive study).

Projective identification is probably the Kleinian concept which has been most widely influential, but it is my experience that most people do not grasp or accept how radical it is. It is hard to hold on to the fact that it is an unconscious process, and people too easily collapse it into projection. In doing so they miss out the impoverishment involved in putting a part of oneself into an other and the symbiosis which is thereby created and which is quite literally inescapable unless one can take back the projection (a synonym for improving psychological health). Moreover, many people, particularly Americans who write about projective identification, mistakenly believe that an external other who is affected by the projection, is invariably the second moment of the process. In fact, for Klein and the British Kleinians, we can project into another, who may — but need not — be actually affected. For example, in Joel Chandler Harris' famous parable, 'The Wonderful Tar Baby Story', the Tar Baby does nothing except be sticky, and the rabbit becomes progressively enraged at its unresponsiveness and rudeness and loses the use of each of his limbs in turn, as a result of winding himself up and thwoping the Tar Baby. The unconscious mental mechanism involved here is projective identification, set up by wily Brer Fox (Young, 1996a). Moreover and very importantly, we can project into another part of our own minds; no external other need be involved. Once again, we are, in Kleinian theory, not able to find reliable signposts in external relations. The power of the inner world over experience and behaviour is awesome.

The other thing to be said about projective identification is that it is ubiquitous. Klein says of the processes involved, almost laconically, 'This leads to a particular form of identification which establishes the prototype of an aggressive object-relation' (Klein, 1946, pp. 7-8). Note carefully that *we have here the model* — the template, the fundamental experience — *of all of the aggressive features of human relations.* Six years later Klein adds the following sentence: 'I suggest for these processes the term "projective identification"' (*ibid.*). I have elsewhere spelled out the range and power of this concept in its benign and malignant manifestations, including its

place in knowledge, love and hate, religion and science, racism and virulent nationalism. After reviewing the development of the concept, Torras de Beà writes,

These authors consider that projective identification is the basic mechanism of empathy and primitive communication and also of the defence mechanism which consists of dissociating and projecting anxiety in order to be rid of it. I agree with this and think also that what we call projective identification is the active element in every communication from empathy to the most pathological and defensive (Torras de Beà, 1989, p. 266).

He concludes that it is 'the mechanism basic to all human interaction' (p. 272). As if that was not grand enough, Bion takes the concept of projective identification and expands in into the notion of container/contained and offers it as the basis of a whole theory of human nature, as Hinshelwood says, 'of the relationships between people, and between groups; of the relationships between internal objects; and of the relationships in the symbolic world between thoughts, ideas, experiences, etc.' (Hinshelwood, 1991, p. 191).

What I have to say about the Oedipus complex is parallel. Kleinianism takes something relatively straightforward and makes it messy, albeit more profound. In a footnote added to the 1920 edition of *Three Essays on Sexuality,* Freud made it clear that the Oedipus complex is the immovable foundation stone on which the whole edifice of psychoanalysis is based:

It has justly been said that the Oedipus complex is the nuclear complex of the neuroses, and constitutes the essential part of their content. It represents the peak of infantile sexuality, which, through its after-effects, exercises a decisive influence on the sexuality of adults. Every new arrival on this planet is faced with the task of mastering the Oedipus complex; anyone who fails to do so falls a victim to neurosis. With the progress of psycho-analytic studies the importance of the Oedipus complex has become more and more clearly evident; its recognition has become the shibboleth that distinguishes the adherents of psycho-analysis from its opponents (Freud, 1905, p. 226n).

I don't think Klein intends to challenge this, but she does introduce a notion called 'the Oedipal situation' which is very likely to cause confusion. According to the traditional developmental account as it appears in the libido theory, the superego is heir to the Oedipus complex, but Klein famously has the child suffering from intense guilt feelings at a scandalously early age in relation to the first introjected object, the breast. Moreover, she claims that '...emotional and sexual development, object relations and super-ego development interact from the beginning' (p. 82). Indeed, a close look at her writings leads one to believe that all of the developmental landmarks of the chronology developed by Freud, Abraham and others have been taken away (rather as the road signs were in England In World War II in order to confuse the Germans), so that we are left slip-slidin' around. Ruth Stein has gone further and has argued that Klein has no theory of mental structures, only sets of paired emotions, love & hate, envy & gratitude, etc., with movement back and forth between two basic positions, paranoid-schizoid and depressive, as the

basic parameters of mental attitude. In any case, this Oedipal situation turns out not to be the developmental milestone of the classical libido theory but to be a moveable feast. Ronald Britton sees 'the depressive position and the Oedipus situation as never finished but as having to be re-worked in each new life situation, at each stage of development, and with each major addition to experience or knowledge' (p. 38).

Here we have a useful cross-over between Kleinian and Freudian theory. Projective identification lies at the heart of the paranoid-schizoid position, in which splitting, projective mechanisms and part-object relations predominate. Once again, this configuration is in a dynamic relation with the depressive position, in which whole-object relations, concern for the object and integration predominate. What has happened in subsequent research is that these ways of thinking have been brought into relationship with one another. As David Bell puts it,

The primitive Oedipal conflict described by Klein takes place in the paranoid-schizoid position when the infant's world is widely split and relations are mainly to part objects. This means that any object which threatens the exclusive possession of the idealised breast/mother is felt as a persecutor and has projected into it all the hostile feelings deriving from pregenital impulses (Bell, 1992, p. 172)

If development proceeds satisfactorily, secure relations with good internal objects leads to integration, healing of splits and taking back projections.

The mother is then, so to speak, free to be involved with a third object in a loving intercourse which, instead of being a threat, becomes the foundation of a secure relation to internal and external reality. The capacity to represent internally the loving intercourse between the parents as whole objects results, through the ensuing identifications, in the capacity for full genital maturity. For Klein, the resolution of the Oedipus complex and the achievement of the depressive position refer to the same phenomena viewed from different perspectives (*ibid*.).

Ronald Britton puts it very elegantly: 'the two situations are inextricably intertwined in such a way that one cannot be resolved without the other: we resolve the Oedipus complex by working through the depressive position and the depressive position by working through the Oedipus complex' (Britton, 1992, p. 35).

This provides us with something like Rosetta Stone, a key to translating between the Freudian and Kleinian conceptual schemes. In the recent work of Kleinians this way of thinking has been applied to broader issues, in particular, the ability to symbolise and learn from experience. Integration of the depressive position — which we can now see as resolution of the Oedipus complex — is the *sine qua non* of the development of 'a capacity for symbol formation and rational thought' (p. 37). Greater knowledge of the object 'includes awareness of its continuity of existence in time and space and also therefore of the other relationships of the object implied by that realization. The Oedipus situation exemplifies that knowledge. Hence the depressive

position cannot be worked through without working through the Oedipus complex and vice versa' (p. 39).

This way of looking at the Oedipal situation also offers a way of thinking of self-knowledge or insight:

The primal family triangle provides the child with two links connecting him separately with each parent and confronts him with the link between them which excludes him. Initially this parental link is conceived in primitive part-object terms and in the modes of his own oral, anal and genital desires, and in terms of his hatred expressed in oral, anal and genital terms. If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage *being* observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves (Britton, 1989, p. 87).

I find this very helpful, indeed, profound, but it is far from straightforward. I should add that Ron Britton's new book, *Belief and Imagination* (1998)*,* develops these ideas much further. I regard his writings as the most interesting and original psychoanalytic work which I have recently encountered.

I turn now to the third example I promised you — countertransference. I have written about this at length elsewhere (Young, 1994, ch. 4), as I have about projective identification (1994, ch. 7) and the Oedipus complex (Young, 1994a). Concepts in psychoanalysis have histories just like concepts in other disciplines, and we would do well to think of them in historical terms. Freud became aware of countertransference as an interference, a threat to the analyst's objectivity, and recommended more analysis as the treatment of choice. This was the received position until the late 1940s and the 1950s when Winnicott, Little, Searles, Money Kyrle, Heimann and others came to question the idea that countertransference was just something to be got rid of and suggested that it be attended to. However, except for Searles, this group strikes me as opening the door only to close it again, lest things become too unstraightforward. In her first paper on the topic Paula Heimann claims that 'the analyst's countertransference is not only part and parcel of the analytic relationship, but it is the patient's *creation,* it is a part of the patient's personality' (Heimann, 1949-50, p. 77). When she returns to the topic a decade later, Heimann reflects at length on how to handle countertransference material and takes up a cautious position. In her conclusion, she reverts to the early view of Freud. In so doing, it seems to me, she fails, after all, to see the larger potential of the concept. She says, in her last paragraph, 'In conclusion, Freud's injunction that the countertransference must be recognised and overcome is as valid today as it was fifty years ago. When it occurs, it must be turned to some useful purpose. Continued self-analysis and self-training will help to decrease incidents of countertransference' (Heimann, 1959-60, p. 160). For her, countertransference was still a lapse from analytic purity — something to learn from when it occurs but preferably to be got rid of. Current Kleinian thinking is very much

more bold. To 'reduce the incidents of countertransference' is no longer a goal among many therapists.

A paper by Irma Brenman Pick takes the normality of countertransference to its logical extreme, without a trace of seeing it as something to be got rid of. She carefully considers it as the basis of understanding throughout the session: 'Constant projecting by the patient into the analyst is the essence of analysis; every interpretation aims at a move from the paranoid/schizoid to the depressive position' (Brenman Pick, 1985, p. 158). She makes great play of the tone, the mood and the resonances of the process: 'I think that the extent to which we succeed or fail in this task will be reflected not only in the words we choose, but in our voice and other demeanour in the act of giving an interpretation...' (p. 161). Most importantly, she emphasises the power of the projections and what they evoke countertransferentially:

I have been trying to show that the issue is not a simple one; the patient does not just project into an analyst, but instead patients are quite skilled at projecting into particular aspects of the analyst. Thus, I have tried to show, for example, that the patient projects into the analyst's wish to be a mother, the wish to be all-knowing or to deny unpleasant knowledge, into the analyst's instinctual sadism, or into his defences against it. And above all, he projects into the analyst's guilt, or into the analyst's internal objects.

'Thus, patients touch off in the analyst deep issues and anxieties related to the need to be loved and the fear of catastrophic consequences in the face of defects, i.e., primitive persecutory or superego anxiety (p. 161).

As I see it, the approach adopted by Brenman Pick takes it as read and as normal that these powerful feelings are moving from patient to analyst and back again, through the processes of projection, evocation, reflection, detoxification, interpretation and assimilation. Moving on from the more limited formulations of an earlier period in the writings of Winnicott, Heimann and even Money-Kyrle, these feelings are all normal, as it were, in the processes of analysis. More than that, as Brenman Pick puts it, they are the essence.

In my opinion, the person whose work most consistently exemplifies this approach was working largely independently and in another country and is not a Kleinian. Even so, his work is deeply consistent with the position advocated by Brenman Pick. In a series of profoundly evocative papers which he began to write as early as the late 1940s (but could not at first get published) and extending to his latest writings, Harold Searles has argued that the therapist is much more at risk — and much more perturbed, sussed or rumbled by the patient — than traditional models of the analytic relationship would allow us to believe. I have written about Searles' work at length elsewhere. My point in the current context is that we are dealing not only with what the patient puts into us, but what he or she evokes in us — our own stuff. The basic raw materials which it is our task to interpret are not what the patient says but our countertransferences. When it was first argued that the countertransference should be taken seriously, there was an outcry, the point of which was that if you cannot sort out your feelings from the patient's, you are in deep trouble. In Brenman Pick's vivid examples and in Searles' writings, in particular, in his concept of

therapeutic symbiosis, it is clear that we are, indeed, in just that selfsame very deep trouble. That is where we work, and we have no scientist concept of objectivity to fall back on. Searles is scathing and says that to the extent we are orthodox in this matter, we are mad.

Just to confuse things even further, I should add that Klein was herself very sceptical about positive conceptions of countertransference, while Bion did not stress the term at all, even though it could be said that his work is about little else. Being a Kleinian, as I say, is not straightforward.

I now come to the character of the therapist or analyst. In earlier times my sense was of a person with an inner stillness, a person of equanimity, that kind Dr Wik in 'Snake Pit' who helps Olivia de Havilland to get to the top ward. I no longer think that way. Instead, I think of someone personifying containment, someone who can bear experience, including profoundly toxic experience, without being sundered by it. I am sometimes reeling after a session with certain patients and have even been heard, I regret to say, to emit a rather heavy sigh when I thought a patient was safely out of earshot. I no longer think that I'm in the business of dredging, as Freud famously put it in *The New Introductory Lectures:* 'Where id was, there ego shall be. It is a work of culture — not unlike the draining of the Zuider Zee' (Freud, 1933, p. 80). That is, I no longer believe myself to be reclaiming territory from the sea of emotions to the dry land of rationality and putting dikes between the two realms. I do not expect my interpretations to substitute rationality for irrationality. Instead, I hope, little by little, by demeanour and tone as well as formulation, to bring feelings and actions within the boundaries of civilization, of civility. I am pleased when a patient says she has the same feelings but is not so likely to act on them or be reduced to despair. I try to operate on the right side of the risks of bursting or banalizing. I tend to think of the mind as a cauldron, containing a complex mixture of all sorts of feelings, many very bad, some bizarre, some hopeful and loving. My job is to create a space where it is safe to stir it, to help it simmer, to foster enriched flavours and nourishing qualities and to help to moderate the temperature so it will not to boil over.

I also think, quite routinely, that the psychotic anxieties with which I work on an hourly basis are forms of nameless dread, the harbingers of death itself. In that sense Klein was, unlike those who turned away from the full poignancy of the human condition, the true heir to Freud on *Civilization and Its Discontents*, where he wrote that the constitutional inclination to aggression is the greatest hindrance or impediment to civilization (Freud, 1930, pp. 129, 142). It is in this context that the space within which civilization occurs is described as bounded by the great opposition between love and destructiveness. 'Civilization is a process in the service of Eros, whose purpose is to combine single human individuals, and after that families, then races, peoples and nations, into one great unity, the unity of mankind... But man's aggressive instinct, the hostility of each against all and all against each, opposes this programme of civilization' (p. 122). The aggressive instinct is derivative of the death instinct. 'The history of civilization is the struggle between Eros and Death. It is what all life essentially consists of' (*Ibid*.).

This sobering quotation brings me to my last topic, the social relations of the Kleinian community. It will not be news to you that Klein and Kleinianism have been and remain controversial. Just how controversial was not widely known until two volumes made it so, Phyllis Grosskurth's biography, *Melanie Klein: Her World and Her Work,* which appeared in

1985, and *The Freud-Klein Controversies 1941-45*, edited by Pearl King and Ricardo Steiner, published six years later. Perhaps I can plunge straight into what I have to say by quoting Grosskurth's inscription in my copy of her book: 'To Robert Young with warm wishes and thanks for your support'. What support? Well, in fact, practically all of the eminent Kleinians boycotted the launch party, which devastated Grosskurth, and I publicly deplored this fact. What this illustrates is that Kleinians tell us about just how awful people can be and forcibly draw our attention to just how deeply intermixed the good and bad features of human nature are and yet proceed, in their own social relations, to create tremendously idealised heroes, actually usually heroines, and will hear *nothing* said against them. I find this strange, inconsistent and embarrassing. Grosskurth showed Klein, warts and all, as did Nicholas Wright, in his play, 'Mrs Klein', which evoked the only breach of analytic neutrality, the only breach of boundaries, I experienced from my Kleinian analyst. He said, 'Okay, if you want an opinion, it's shit'. I can think of several people in the Kleinian world who have done truly admirable work, but the reverence in which they are held is really distressing and inconsistent with the advocacy of balance of the mixed nature of reality and sanity as characterised in the depressive position. I am thinking, in particular, of the hagiography of and deference to Bion, Hanna Segal, Martha Harris and Donald Meltzer, and I suspect that some younger people are coming to be revered in the same way. At the risk of sounding priggish or even envious, I want to say that this is inappropriate in a psychoanalytic culture. Give people their due, but their feet should continue to touch the ground and their admirers' knees should not touch the ground.

But we do not only have one side of the split, idealisation. We also have denigration within the Kleinian community and between it and other approaches. There have recently been a number of Bion celebrations. I attended two. At the first I was struck by the absence of *all* of the interpreters of his work whose writings I had found helpful, and at the second they were there, as was Bion's daughter (tragically recently killed in an automobile accident), but none of the people who had been prominent at the first conference were present. Sectarianism within sectarianism. Similarly, it is said that if one is not in favour with the Melanie Klein Trust, one is forever an outsider in Kleinian circles. I know of at least one prolific and insightful author of whom this is true and who has decamped to a different base. I know of another, a foreigner and a Kleinian, who has had more than half a dozen articles rejected by Kleinian referees of the *IJPA*.

I could go on at length in this vein about relations inside the Kleinian subculture, but I want to speak about its external relations, as well. It is commonly known in the present that the Independents peck the Contemporary Freudians, and the Kleinians peck both of the other groups. As for the past, we have all of the evidence of the Controversial Discussions, the ferocity of which many put down to two conflicting and powerful personalities. This must have been a factor, but it would not have operated in a setting thirty years on when Kleinianism was found attractive by Bernard Brandchaft and a few others in the Los Angeles institute. The result was uproar which became so intense that the American Psychoanalytic Association repeatedly threatened to close down the institute unless they got rid of the Kleinian influence. Of course, part of this is explained by the defensiveness of the Freudian orthodoxy, qualntly referred to as 'traditional American psychoanalysis' in the internal memoranda, meaning ego psychology. But, as Douglas Kirsner (1999) has shown in an insightful story of this conflict, among others he has studied in American psychoanalytic history, another important factor was certainly the militancy, contempt and intolerance of the nascent Kleinian group, inspired or at least catalysed by the

leading British Kleinians whom they invited to teach them. Herbert Rosenfeld was described as 'pretty autocratic. He made pronouncements like Moses receiving the tablets on the Mount. He had that character of stating something as the real, ultimate truth, stating as a fact what could not have been more than a speculation'. Meltzer was similarly experienced as arrogant and made a remark which polarised the atmosphere. 'He is said to have equated Kleinian analysis with contemporary psychoanalysis and classical analysis as belonging to the early part of the century.' Hans Thorner, Hanna Segal and Betty Joseph also visited. Bion lived there for seven years in this period and, for example, analysed James Grotstein, but (on Kirsner's evidence) he seems not to have been directly involved in these conflicts. Their ideas were taken up by a group of Young Turks who became, as James Grotstein later reflected, 'unreasonably obnoxious, certain, omnipotent: "We have the truth". I know I felt that. The trouble is I think we all did ourselves in. We were right but we were wrong'. Grotstein felt that... the visiting British Kleinians made him 'feel like a naughty colonial'. In Grotstein's view,

While the Los Angeles Kleinians were no doubt scapegoated, the Kleinians also reacted very provocatively and became more strident as the polarisation continued. The polarisation resulted in a decreasing middle ground — the leaders of the institute were seen by many (the Kleinians included) as enemies of the Kleinians whom the leadership purportedly viewed as a threat to psychoanalysis (quotations from Kirsner, 1999, ch. 4).

It was a very rough encounter, indeed, recalling the most abrasive episodes in the earlier Controversial Discussions in London, where, on one occasion, someone had to point out that there was an air raid going on, so intense was the internal warfare in the Institute building. The Los Angeles episode, like the Controversial Discussions, tells me that there is a problem at the heart of Kleinian assertiveness.

I have seen this militancy, splitting, intolerance and contempt at first hand. I belong to a psychotherapy organization in which key figures say and do breathtakingly alarming things. For example, when it was suggested that the training had become too Kleinian, the head of the training said that this could not be so, since Kleinianism is now synonymous with psychoanalysis (shades of Meltzer's comment in the 1970s). Moreover, this person opined that ours is the only training which still teaches people to work in the transference, since it had recently become apparent that the other most highly regarded psychotherapy training no longer did so. The preceding head of training had made it a condition of certain candidates' continuing on the course that they enter Kleinian analysis. Some who had been in another sort of therapy under the previous regime were required to change to Kleinian analysis.

This kind of thinking also touches on the ongoing difficulties between the UKCP and BCP, about which I have written extensively (Young, 1996, 1997a). The facet of it which touches on Kleinianism is that certain (though not all) key figures in the organisation to which I belong have done deeply undemocratic, manipulative, secret and devious things. They are Kleinians. I cannot be sure that there is a connection, but I offer you a hypothesis which I hold strongly. They believe that the BCP is a bulwark, holding out for the highest standards. They also appear to believe that the end justifies the means or they would not have, for example, refused to accede to

three successive votes to rejoin the UKCP, from which they had removed us without consulting the membership. On the third occasion, the chair announced that they would not accede to the vote and that no discussion of this decision was to be permitted at the AGM. The connection in my mind is that if you are certain that you have a pipeline to the truth, you are justified in behaving in ways which others might consider to be wrong — 'in a higher cause'. The chair, the subsequent chair and the two successive heads of training are all Kleinians, part of a self-perpetuating oligarchy benefitting from a gerrymandered constitution. Shaky logic, you may say, but inside the context of the organisation there is a widely held perception that these matters are related.

But, of course, my general argument does not depend on any particular example. I venture that everyone here has a strong sense of the two basic points I am making in this talk. The first is that the richness and depth of Kleinian theory and practice lead into territories where one has to rely on a strong belief that intuitive certainty is a surer path to truth than either the scientistic metapsychology of Freudianism, the warm remothering of some other approaches or the more humanistic approaches favoured by some orientations. My own reaction to some of the methodological criticisms of psychoanalysis which are abroad these days is that I am more sure of certain of my interpretations than I am of the laws of physics and chemistry. As I said earlier, we go for truth as more important than objectivity. Kleinianism is not straightforward, but it is profoundly helpful and therefore true in the sense of clinically fruitful. I think that it also gives us a richer and more true to life picture of human nature for good and ill. On the other hand, this same intuitive certainty is widely associated with forms of behaviour by Kleinians which include idealisation, preciousness, denigration and contempt, undemocratic behaviour, manipulativeness, deviousness, bullying, dogmatism and other forms of unattractive behaviour which I do not want to be associated with my clinical orientation.

Let me put my point another way. The view of human nature offered by Kleinianism is, in my opinion, that of a mixture; it is in the depressive position. However, the sectarian and institutional behaviour I have indicated in this last portion of my talk is in the paranoid-schizoid position. It is crooked, wrong, full of extreme splits, lack concern for the object, employs persecutory guilt. One conclusion we might draw is that, as the Good Book says, 'By their fruits shall ye know them'. I have certainly drawn that conclusion about Lacanianism from the behaviour of Lacan and of the Lacanians I have known, as well as my experience of the impenetrability of the theory. Inconsistently, you may say, I am, to put it mildly, reluctant to judge the priesthood of Kleinianism by its priests, but I am deeply troubled by the sorts of behaviours I have sketched (and could do much more if I was not trying to remain impersonal).

I will have to leave it here. I have, however, one thought to leave you with. One of the things I like about being a psychotherapist is that it is, on a good day, deeply fulfilling. What I find fulfilling about it is that something so good can come out of an activity and way of being which is in its essence ordinary. Ordinary is an undervalued word. I think the depressive position is ordinary. I think the splits at the bottom of the untoward behaviours I have mentioned are paranoid-schizoid and, in a fundamental sense, extraordinary. I think the misbehaving people call themselves Kleinians but in the activities I am criticising are going for the extraordinary, and that's their mistake. I don't want to settle for that.

A picture comes to mind. Jack Nicholson gave an inspired performance as an utterly selfish, obsessive-compulsive person in the film 'As Good as It Gets'. If you have seen it, you will know that the title is picked up in a hilarious moment. When the impulse to change first starts to operate on him he bursts impulsively into his shrink's office, only to be firmly told that he will have to make an appointment and wait his turn. He exits via the waiting room, which is filled with desperate looking patients. As he passes through, he makes a throwaway crack: 'What if this is as good as it gets?' Well, we are told by Kleinian theory that the depressive position is as good as it gets. For a long time I found this hard to accept. However, this stoicism overlooks the potential fruits of an ongoing process. In that position Nicholson goes on changing, albeit by fits and starts. He tell the heroine (Hellen Hunt) that meeting her had led him to get back into treatment. She impatiently says this piece of information is not the compliment she needed to hear at that moment. His reply is devatstatingly moving: 'You make me want to be a better man.' Well, I want ordinary Kleinianism to make our practitioners willing to apply it reflexively, to give up their idealising and denigrating projections and to strive to be better people both as individuals and as a group of practitioners operating in the subculture of psychoanalysis and psychotherapy.

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