

Melanie Klein



The Model of the Mind

- ❖ **Melanie Klein** brought stressed the concept of **phantasy** as the basic substance of mental processes.
- ❖ In the inner world of **unconscious fantasy**, the situations are always cast in terms of:
 - ❖ someone doing something to someone else and
 - ❖ doing it in a certain way to
 - ❖ achieve a particular outcome.
- ❖ Technically interpretation of **transference** - **countertransference** situations consistently emphasized what the patient is doing in relation to the clinician or to the therapeutic relationship; often it is a matter of how the patient is trying to get the clinician to act in certain ways that confirm fantasies.

The Model of the Mind

- Object formation occurs with the blending of emerging Images defined by experience.
- A temporal layering sequence develops the id, ego & superego.
- Early objects derived partially from real, external figures, but these realistic perceptions are distorted through projections of child's own images.
- Fluid and continuous cycles of projection and introjection are defensive and act to protect the mind from dangerous aspects of the instincts, especially aggression.

Model of Development

Model of Development

- Klein establishes child development as the movement between positions.
- The term “*position*” highlights the interaction and interrelatedness of the child’s mental processes with the world of others (internal or external).
- Positions are ways of perceiving and being in the world and they are experienced throughout the life cycle.

Model of Development

- **Two Positions**
- **Paranoid Schizoid Position** (birth to 4-6months)
 - Part objects
 - Splitting as healthy and protective
 - Projection and introjection begins the processes of building the mind
- **Depressive Position**
 - Internalization of whole objects via resolution of splitting and introjection of the other.
 - “Reparation” as means of resolving child’s depressive anxiety at the consequences of his/her earlier aggression. Any lingering notion of harming the object.

Model of Development

- The Oedipus complex begins very early in life.
- Klein thought children show preference for the parent of the opposite sex as early as the beginning of the second year (height of depressive position).
- It does not reach a full-blown state until the fourth or fifth year.
- Oedipal phase begins the search for the second object if the good object is sufficient. All early objects are oral.

Model of Pathology

Model of Pathology

- Pathology from the Paranoid Position (**paranoid-schizoid**)
- The primary defenses of the paranoid position are: **projection, introjection, projective identification, splitting, idealization, omnipotence and denial.**
- All serve to defend against aggressiveness and its associated anxieties whether in
 - the original form of annihilation anxiety or
 - its projected form, persecutory anxiety; or
 - introjective persecutory anxiety.

Model of Pathology

- ❖ The degree to which these defenses are used to protect the ego determines the tendency for the ego to become stuck in the paranoid position.
- ❖ If the good object buildup does not occur, the projective-introjective cycle ends in symptom formation.
- ❖ **Psychosis** results from a failure of projective identification. Failure of the mind to protect itself.
- ❖ One can identify borderline conditions, narcissistic character disorders, and other severe character disorders as types of psychopathology characterized by reliance on these defenses.
- ❖ **Neurotic** patients also make use of paranoid position defenses even though their personalities are not organized around them.

Model of Pathology

- ❖ A variety of severe character pathological constellations may originate in the paranoid position.
- ❖ The person whose ego does not have a sufficient buildup of the good internal objects, experiences life as an extreme threat. This person will **cling** to the external object in a desperate effort to control them.
- ❖ This is typical of borderline patients who are stuck at the nonpsychotic level of the paranoid position relying upon primitive defenses, such as: idealization, omnipotence, denial, devaluation of the object, and splitting.
- ❖ Narcissistic disturbances are conceptualized with an emphasis on the idealization and omnipotent defenses and the use schizoid dynamics to regulate ambivalence in object relationships.

Model of Pathology

- Pathology from the **depressive position** may assume a variety of forms usually involving the whole object.
- If reparative efforts are not felt to be successful, the continued need for reparation may appear in **the desire for perfection**.
- **Work inhibitions**, are also rooted in the fear of imperfection that results from the need to reassure oneself that one is not damaged or has damaged the love object.

Model of Pathology

- ❖ If **guilt** is massively repressed because no reparation is possible, the superego is crushed and the source of damage is externalized, resulting in **sociopathy**.
- ❖ If the child feels it cannot repair the damage to the good object, the ego may become fixated in the **manic defense**. A desperate attempt to make it better.
- ❖ If the aggressiveness toward the good object is so dangerous that its very existence is threatened the ego will continue to deny all psychic reality. The results will be **manic-depressive illness**.

Model of Pathology

- ❖ Fixing, or the reparation of the early object and its reinstatement allows for overcoming grief and making peace within.
- ❖ If there is unresolved guilt for having damaged the parents in fantasy, i.e., not repaired, the mourner feels that once again he destroyed the loved object.
- ❖ The most typical pathological outcome of unresolved depressive anxiety is a chronic fear of injuring the love object that results in clinical depression.
- ❖ The melancholic is unable to overcome the anxiety of damaging its loved object and has repressed all aggressiveness.

Model of Technique

Model of Technique

- Klein relied on the psychoanalytic treatment principles of transference, resistance and most especially the interpretive method for resolving emotional difficulties
- Her contributions to technique were:
 - the focus on aggressive interpreting impulses rather than defense,
 - the expansion of treatment to severely disturbed adults and children,
 - the belief in early interpretation with children, and
 - advocacy of play technique for children.

Model of Technique

- Interpretation were focused around **aggressive wishes** and their **anxieties** (i.e., paranoid or depressive) whether the central pathology was organized around the anxieties or their manifestation in **oedipal conflicts**.
- Interpretive emphasis was placed on the paranoid and depressive anxieties and their influence on the Oedipus complex, the primal scene, and excessive aggressiveness (especially oral sadism), as well as **envy, greed, and jealousy**.
- These issues/conflicts are present in all psychopathology because they are central aspects of development, or one might say the “**human drama**.”

INTRODUCTION

“We are Poor Indeed if We are only Sane...”



Come at the world creatively, create the world; it is only what you create that has meaning for you – Winnicott

Introduction & Basic Premise

- General concepts are:
- The “**maturational process**” (“**MP**”) is a drive every one is born with.
- The “**facilitating environment**” (“**FE**”) is required for the MP to take place.
- The environment need not be perfect just “**good enough**” for the MP to unfold.
- When not good enough, development is blocked and emotional disorder is likely.

Model of the Mind

Model of the Mind

- Like Freud, Klein and Fairbairn, Winnicott's notion is that mental agency develops throughout life.
- Infant does not exist as an individual but as part of mother-child (caretaker-child) DYAD
- Winnicott said, "there is no such thing as an infant; there is only an infant and its mother" (1960a, pp. 99).

Model of the Mind

- Fairbairn & Sullivan emphasized the build-up of a compensatory internal world of bad objects.
- Klein focused in this early stage of mastering the death drive (aggression).
- Winnicott focused on the child's gaining positive attributes as a result of “**good-enough**” mothering.
- A strong mind and strong sense of self come out of “Ego-relatedness” due to an emotional bond between two individuals who exist as separate yet remain intimately connected.

Model of Development

BASIC PREMISES

- ❖ The relationship of dependence between child and mother was the critical developmental axis.
- ❖ There are three phases of dependence:
 - ❖ *Absolute Dependence,*
 - ❖ *Relative Dependence, and*
 - ❖ *Toward Independence.*
- ❖ The **transition phase** falls between absolute and relative dependence.

Model of the Development Absolute Dependence

- **From the Infant's viewpoint:**
- The infant lives in a world of magical omnipotence
 - There is no sense of self or reality
 - No experience of objects.
 - Experience is discrete, disconnected, fleeting, and outside of “lived psychic reality.”
- These all provide clues to the mystery of primitive psychopathology.

Model of the Development

- The infant cannot differentiate self from other.
- There is no “me” or “not me.”
- There is no self to manage anxiety as a **warning signal**.
- All anxiety is experienced as **annihilation anxiety**.
- Environmental adaptation must be “**near total**” so that the small doses of reality are manageable and annihilation anxiety is fended off.
- The infant in this phase lives in a magical world of omnipotence in which **mentation produces gratification**.

Model of the Development

- There are three critical developmental tasks. The achievement of:
 - **Integration**
 - **Personalization**
 - **Realization**

Model of the Development

- With each frustration, the infant experiences a bit of reality, and its “omnipotence” is pierced.
- **Realization** is made possible by environmental failures
 - Unsuccessful adaptation is as crucial to the infant’s sense of reality as successful adaptation.
 - These provide the infant with “**doses**” of reality in manageable portions:
- Objects, in the infant’s awareness, are experienced within the orbit of infantile omnipotence.

Model of the Development

- Aggression is without intention, “**pre-ruth**”.
- Aggression is inherent in the “love-impulse,” so that when an infant is excited it “destroys.”
- The drives are initially fused. Splitting of good and bad objects is also a splitting of the drives.
 - This defensive pathological reaction to the failure of the environment to hold the early aggression.

Model of the Development

- At about 6 months the infant becomes aware that it does not control gratification.
 - This critical developmental step marks the beginning of the self-object distinction.
 - The infant is now starting to see objects as outside the self, marking the entrance of the reality principle into the infants life.
- The object must be “**destroyed**,” and only later, when it is “**refound**” as an external object in the phase of relative dependence, can it be “**used**.”

Model of the Development

- ❖ The **maternal-environment** must be able to
 - ❖ prevent impingements;
 - ❖ hold the infant's frustrations,
 - ❖ thereby preventing annihilation anxiety;
 - ❖ "hold" the aggression; and
 - ❖ meet the infant's overall ego and id needs –
- ❖ the infant will begin to experience a sense of continuity of its various need states and a rudimentary sense of integration, personalization and realization will occur.
- ❖ These all lead to the child's **major developmental task** - the formation of the **SELF**: the awareness of dependence.

Model of the Development

- **Primary maternal preoccupation** - pregnancy.
- **Maternal preoccupation**
 - Mother relies on **empathy**
 - **Maternal Adaptation** must be “**near absolute**” or “**good enough**”
 - It should not be perfect because **environmental “failures”** are necessary for the infant’s descent into eventual reality.

Model of the Development

- ❖ Two categories of maternal functions –
- ❖ The **Object mother** provides for **instinctual needs** by satisfying hunger, holding, and keeping diapers clean.
- ❖ The **Environmental Mother** meets the “**ego needs**”
 - ❖ air and water temperatures are relatively comfortable,
 - ❖ noise levels are neither unstimulating nor assaultive, and
 - ❖ visual stimulation is interesting not overwhelming.
- ❖ Most importantly the environment must be relatively **free of “impingements”** that would interfere with emotional growth.

Model of the Development

- It is only when the ego needs are met that object instinctual fulfillment promotes personality growth.
- “**Holding**” is a role of the environmental mother - it is total environmental provision.
- The principal function of holding is to keep the infant sufficiently free of environmental impingement, that it lives within its fantasy of omnipotence and continues to grow.

Model of the Development

RELATIVE DEPENDENCE

- Relative Dependence is a developmental process from the breakdown of the omnipotence to the acceptance to reality and ambivalence toward whole objects.
- At around **6 to 8 months** infants become aware of their surroundings in a new way.
 - Me vs. Not Me is established.
- 2 new forms of anxiety appear –
 - “SEPARATION ANXIETY” and
 - “STRANGER ANXIETY.”
- The infant attempts to preserve the attachment by identification with the mother. Imitation is the first identification.

Model of the Development

- ❖ 1st developmental task is
 - ❖ to manage the anxiety of separation from the mother and
 - ❖ the awareness that it cannot meet its own needs.
- ❖ **Transitional Phenomena** are a variety of possessions and experiences utilized to:
 - ❖ To master this **separation and stranger anxiety** and
 - ❖ bridge the transition to reality orientation,
- ❖ The move is from annihilation anxiety - anxiety of object loss.
- ❖ The Mother “brings reality to the child” bit by bit via her position between the need and its fulfillment.

Model of the Development

- ❖ In addition to “ego relating” is the development of the “ego’ s organization.”
- ❖ The first ego organization, a **Rudimentary sense of self**, which comes from the threats of annihilation and from which there is repeated recovery.
- ❖ **Confidence** in recovery leads to a capacity for coping with frustration.
- ❖ **Ego organization** develops as the infant internalizes her ego-relatedness thru the maternal environment that protects him outside of his awareness.
- ❖ For the development of the Capacity for such ego relatedness to take place the infant must learn to Be Alone.
- ❖ At this point Holding has been replaced by “Living with.”

Model of the Development

- In Relative Dependency the infant develops “**stage of concern**” (depressive position) and shifts
 - from the “ruthlessness” of object instinctual attacks on the mother’s body
 - to awareness that it has been attacking the mother who it cares for.
 -
- The child now experiences love and hate
- Guilt, in the sense of concern for others facilitates rather than blocks the MP by leading to altruism and ethical responsibility.

Model of the Development

- The mother - Relative dependence relies upon a “good enough” maternal environment.
 - The mother must develop her own growing independence.
- Her willingness to allow the child to be alone in her presence.
 - This creation of a safe, protective environment, relatively free from major disturbances, allows the child to “**go on being**”.
- If the child must be concerned about disturbances, its emotional focus is diverted from natural growth.
- Such impingements and the child’s reactions to

Model of the Development TOWARD INDEPENDENCE

- As the child has an integrated sense of self and has internalized whole objects, it is prepared for movement towards independence (synonymous with the oedipal phase of development).
 - True independence is never achieved; nor is it desirable.
 - The well-adapted individual balances a sense of personal privacy with a degree of interdependence with others.
- Development unfolds into a continuous transaction between inner and outer reality, each enriched by the others.

Model of the Development

- ❖ The “good-enough” adult depends on access to early childhood phenomena. It is crucial to retain the capacity for unintegration
 - ❖ experiences of “letting-go” into states of relaxation.
 - ❖ Related to this **capacity is the transitional process of the capacity to enjoy art, music** and other dimensions of culture the ability to play.
 - ❖ Mother must proceed toward a more independent life.
- ❖ **The true self:** has its origins in the infants initial spontaneous gestures, both loving and hating, which if welcomed and responded to in non-retaliatory ways by caregivers, lead to a sense of feeling alive, real, and grounded in the body.
- ❖ **The false self:** the caregiver substitute’ s their own “gestures” for their infants and **demand the infant’ s compliance.**
 - ❖ The infant reacts to these impingements and does not feel free to assert a body-connected true self and may construct a false self that lacks spontaneity and may be distancing.

Model of Pathology

Model of Pathology

- Winnicott's view of psychopathology closely follows his developmental scheme.
- All psychopathology results for an **insufficiently facilitating environment** due to impingements. Impingements effect the child differently in the various stages of development.
- **Psychosis** – an environmental deficiency disease.

Model of Pathology

- Deficiencies in maternal care include the inability to actualize the “**moment of illusion**”
 - omnipotence is denied and interference with the infant’s formlessness and unintegration when in a quiet state.
 - The infant is forced to respond and has to abandon his own wishes to mold himself to what is provided.
- **Impingement – interrupts continuity of being**
- The alternative to being is reacting, and reacting interrupts being and annihilates.
 - Being and annihilation are the two alternatives.” (Theory of the Parent-Infant Relationship, 1960, p.47)
- Without the mother’s ego-support to protect the infant’s core self the infant is forced to protect

Model of Pathology

- ❖ **Psychotic Illness as a defense against Primitive Agony** (equates impingements to primitive agonies and unthinkable anxiety)
- ❖ **Going to Pieces** defense =
disintegration
- ❖ **Falling Forever** defense = *disintegration*
- ❖ **Having no relationship**
- ❖ **to the body** defense = *depersonalization*
- ❖ **Loss of sense of Real** defense = exploitation of primary narcissism
- ❖ **No capacity to relate to**
- ❖ **objects** defense = *autistic states, relating only to self*
phenomena
- ❖ (Fear of Breakdown, 1963, p.90)

Model of Pathology

- **Consequences of Defective Ego Support:**
 - Infantile Schizophrenia or Autism
 - Latent Schizophrenia
 - False-Self Defense (breakdown reveals absence of true self)
 - Schizoid Personality
- These degrees and kinds of personality defects can be related to various kinds and degrees of failure of holding, handling and object-presenting at the earliest stage.
- (Ego Integration in Child Development, 1962, p. 59)

Model of Pathology

- ❖ **Winnicott sees two different kinds of problem patients:**
- ❖ Those who can be assumed to have good enough mothering
 - ❖ for whom stresses and strains in family and personal relationships later on in childhood and early adulthood disturb personality growth.
 - ❖ They do not suffer fundamental incapacity to make human relationships, depressive disorders (Klein) and whole person disorders & neurosis (Freud).
- ❖ Those who cannot be assumed to have had good-enough mothering.
 - ❖ Have deep-seated doubts about reality and viability of their very self.
 - ❖ Suffer from varying degrees of depersonalization, unreality, and dread of “not belonging”, of being isolated and out of touch with the world.
 - ❖ Pre-self disorders such as psychotic, schizoid, and borderline cases. (Psychoanalytic Theory, Therapy, and the Self p. 148)

Model of Pathology

- ❖ Winnicott uses the **false self** concept as the single diagnostic principle representing a continuum of psychopathology from psychotic states in which the false self has collapsed to nearly healthy states in which the false self mediates between the self and the outside world.
- ❖ **Purpose of psychoanalysis** is not interpretive but to provide missing parental provisions and fill early developmental needs
- ❖ **Regression** is a return to the point of environmental failure
- ❖ Provide holding, reliability, responsiveness, attentiveness, memory, and durability of the analyst
- ❖ Opportunity for the patient to **create illusion** and develop a capacity to play and grow

Model of Technique

Model of Technique

- ❖ Guntrip (1975) referred to analysis as a “process of interaction a function of two variables, the personalities of two people working together towards free spontaneous growth.”
- ❖ Winnicott and Guntrip believed that one can not practice one technique on pts. One can only be a real person for and with the patient; they stressed the importance of therapist as authentic human presence.
- ❖ Therapist must be flexible, able to adapt to the needs of pt.
- ❖ Winnicott believed that failures in tx due not to pt’ s resistance, but to analyst’ s failure to adapt to needs.

Model of Technique

- Winnicott used the term “Management” to describe the provision of environmental adaptation in and outside of clinical setting, includes:
 - therapeutic holding environment,
 - the safety of tx setting,
 - meeting of pt’ s developmental needs (e.g. for closeness, distance).
- Goldstein (2001) also refers to mobilization of environmental supports outside of the tx setting-- acknowledgment that efficacy of tx limited by environmental factors, e.g. poverty,

Model of Technique

- The most crucial thing that a therapist can do is to stay with the pt. as a genuine, warm, authentic other. Guntrip took this a bit further: therapist must sometimes actively seek the pt.'s hidden regressed self.
- For Winnicott, treatment is aimed not so much at directly modifying object relation structure through interpretation and insight (although that does have a place in technique); rather, focus is on treatment as an emotionally reparative experience for pt.
- **The relationship is the agent of change,** especially in the pt.'s use of the analyst as a transitional object and use of the analytic process

Model of Technique

- Therapist must *contain* these phenomena:
 - to hold in mind these projections *without acting on them* (and thereby replicating the past dynamics)
 - to use the containment function to understand the nature of the pt's internalized object relations as they are enacted in the transference/
countertransference dynamic (that means also containing the pt's rage, love, dependence, etc.),
 - to interpret these dynamics to the pt. when he or she is ready, and
 - To connect these patterns to past experiences and current difficulties.

Model of Technique

- The goal is to provide new kinds of experiences for the pt. by considering and working through these dynamics, rather than engaging in the dynamic with the pt. and enacting past pathological interactions.
- The therapeutic holding environment must be in place in order for interpretations to be effective; otherwise they can be threatening or overwhelming. Interpretation is submitted as something from which pt can create meaning.

Model of Technique

- ❖ Conclusion: analytic relationship is characterized by the provision of space the intent of which is to facilitate self-realization of one participant.
- ❖ Guntrip (1975) describes the contrast between analysis with Fairbairn and Winnicott: Fairbairn giving very intellectually precise interpretations that clarified issues and Winnicott providing this space, warmth. Fairbairn allowed him to understand how his battles for independence from his mom had contributed to his personality, while Winnicott understood and filled the emptiness of this early deprivation..

Ego Psychology and Object Relations Theory

- **The next generation of object relation theorists included: Winnicott, Bion, Balint, Segal, Heinmann, Guntrip** and others continued the work of Klein and Fairbairn but were also influenced by the early work of the ego psychologists.
- Winnicott and Bion, for example, focused on the experiential sides of development –
 - how the individual differentiated into a psychologically subjective self.
 - Concepts of true and false self, infant, potential space, projective identification and container all heightened the awareness of psychoanalysts to the experiential realm.

Models of the Mind

**Drive/Structural Model
(Freud/Hartmann)**

Bridging Model

**Object Relations Model
Winnicott**

Experience with Objects

ID

EGO FUNCTIONS

- APA's
- Defenses
- Reality Testing
- Object Relations
- Synthetic Functions

Internalized Representations

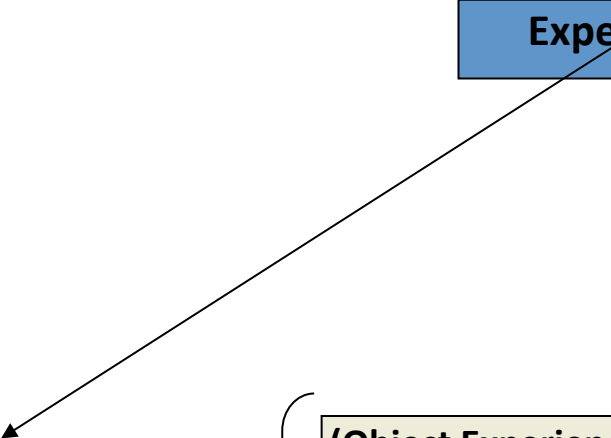
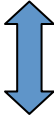
- Self Representations
- Object Representations
- Interactional Representations

(Object Experience Structures Ego)

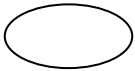
Ego Function Tied to Developmental Level of Internalization

- Introjection
- Identification
- Ego Identity

SUPEREGO

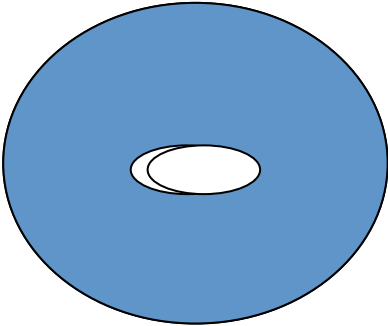


“Splitting”



“Good Self Rep”

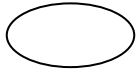
“Bad Self Rep”



“Good Object Rep”
~~Undifferentiated Self~~
Object Representation

“Bad Object Rep”

“Consolidation of Reps”



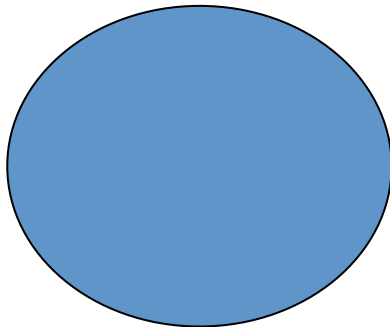
“Good Self Rep”



“Good & Bad Self”



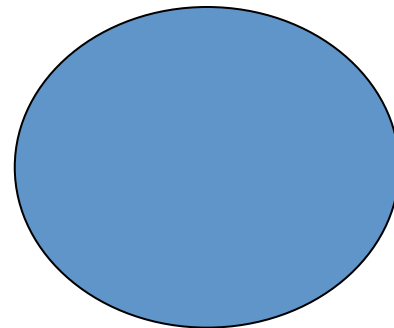
“Bad Self Rep”



“Good Object Rep”



“Good & Bad Object”



“Bad Object Rep”

Good and Bad Self & Object Reps are *constructed* (and re-constructed) “at the moment” based on current experience

“Repression”

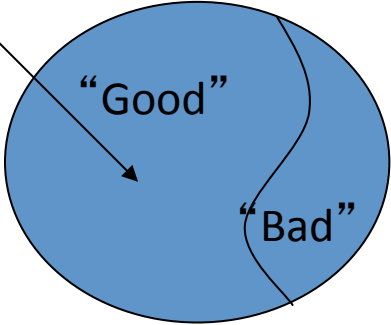


Conscious

PCS

Dynamic Unconscious

“Good & Bad Self”



“Good & Bad Object”

Wish to punish him for leaving

vs

- Wish to keep his affection
- Superego prohibition

Whole Self & Object Reps are *constructed and retained over time* (with constant modification)

Winnicott' False Self
Pathologies (“spectrum”)

Psychotic

Borderline Spectrum

Character D.O.

Neurotic

PERSONALITY DISORDERS



Ego Psychology & Object Relations Theory

- ❖ As the field broadened it included the interpersonal realm with Sullivan and then to the intersubjective arena. Object Relations was key to this shift toward the **state of subjectivity** or Freud's experiential psyche.
- ❖ **Arlow and Brenner – Contemporary Conflict Theory**
- ❖ **Stolorow, Lachmann, and Atwood - Intersubjectivity**
- ❖ **Shaefer and Spence – the Narrative**
- ❖ **Gill & Hoffman - Social Constructivism**
- ❖ **Greenberg - Representational theory**
- ❖ **Aron and Mitchell - Relational theory.**
- ❖ **Fonagy - Attachment and mentalization.**
- ❖ **Boston Change Process Study Group**