Introduction to the Work and Theory of Melanie Klein and The Modern Kleinians - with attention to Psychoanalytic Controversies

September 11 – November 20, 2017

No class Oct 9

Monday: 6:30 p. m. - 8 p. m.

10 Weeks, Spring Semester

Fourth Year of Curriculum

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*(Please note, I no longer have a Verizon e-mail address)*

**Brief historical background: Melanie Klein (1882-1960)**

“Klein was born in Vienna in 1882, and moved to Berlin in 1921 after a number of moves in central Europe and a longer spell of eleven years in Budapest which began in 1910. It was in Budapest that Klein first went into psycho-analysis for her own difficulties and in the process discovered Freud's works. Klein's Hungarian and first analyst, Sandor Ferenczi, inspired and cultivated her growing interest in the discipline. ...Regrettably her membership (in the Hungarian Psycho-Analytic Society) could not last for very long. Political tensions in Hungary made the climate inhospitable for members...and many were driven to seek professional affiliations further afield. This was the context for Klein's decision to move to Berlin...

Three years later, after becoming a full member of the Berlin Society, Klein embarked on her second psychoanalysis with Karl Abraham.

Klein's thinking, though ostensibly building on Freud's,... led her right back to early life, where she hypothesized sophisticated and highly complex mental operations in very young children, as well as highlighting an infantile intentionality that seemed stupefying in its complexity and bizarre nature. Klein's colleagues were also to complain that she seemed to be confusing descriptions of subjective experience with the objective designation of mental phenomena, as
mere descriptions of mental contents were automatically explanatory. Not surprisingly, the Berliners rejected her fiercely.

Her first lecture visit to the British Psychoanalytic Society in 1925 was nothing short of a great success., as indeed was reported to Freud by the British Society president, Ernst Jones...When it was followed some months later with an invitation to spend more time in London, Klein accepted eagerly...a share of the anticipated opportunities did materialize, at least for the first fourteen years of her life in London...

Her three most important papers, written in 1935, 1940 and 1946. # In these papers, Klein linked her understanding of infantile mental life to a new understanding of human suffering. She mapped out two configurations of human anxiety, showing how these confront our species from the beginning of life, and how an initial negotiation of them is crucial in shaping character and determining destiny...

# Note: “A Contribution to the Psychogenesis of Manic Depressive States” (1935); “Mourning and Its Relation to Manic- Depressive States” (1940) and “Notes on Some Schizoid Mechanisms” (1946)

It is an irony that around the time of writing her key papers, Klein's peaceful professional existence in London came to an end and was for the second time in her life, disrupted by professional confrontations. These confrontations were to be the last, but the most traumatic of her career. ...

The fierce controversies were also highly explosive because Klein found herself pitched against Freud's daughter Anna, who was regarded as Freud's intellectual heiress, as well as being his spokeswoman in his frail age. In what became known as the Controversial Discussions, Anna Freud and Melanie Klein confronted each other in a series of Scientific Meetings. What is more the whole of the British Psychoanalytic Society became engaged in this protracted event and was to change irrevocably as a result of it conclusion. …” melanie Klein: her work in context, Meira Likierman, Continuum, 2001.

“Melanie Klein (1882-1960) …successfully introduced a new approach to theory and practice of the unconscious without ever abandoning the fundamental principles of Freudianism (which distinguishes her from Jung and from other ‘dissidents’). Klein’s clinical and theoretical writings amount less to a canonical text than to the development of a potent practical intuition that, on the heels of many painful controversies, inspired the productive work so highly prized by modern psychoanalysis today, particularly in Great Britain.

Without Klein’s innovation, the clinical practice that focuses on children as well as psychoses and autism, a practice dominated by such names as W.R. Bion, D.W. Winnicott and Frances
Tustin would never have come to pass. We will see how this woman—an unhappy wife and a depressed mother who began an analysis with Ferenczi that she completed with Abraham and who was neither a physician nor holder of any advanced degree—completed her first study on psychoanalysis of young children in 1919 by relying on the analyses of her own children and who then became a psychoanalyst herself at the age of forty...The differences of opinion she had with Freud and the disputes which culminated in the Great Controversial Discussions of the British Psychoanalytic Society between 1941 and 1944, diminished neither her influence nor her resolve....”  

Julia Kristeva, from her introduction in her book MELANIE KLEIN, Columbia University Press, 2001

“...While Freudian unconscious is structured by desire and repression, Melanie Klein focused on the newborn’s psychic pain, on his splitting processes and on his early capacity for a rather limited form of sublimation. The Freudian drive has a source and an aim, but no object, while in Klein’s view, the newborn’s drives are directed from the outset toward an object (the breast or mother). In Klein’s world the OTHER is always already there, and the dramas of the early bond between the object and an ego—with its just as early super-ego, which is generated by an extremely early Oedipus complex—unfold with the horror and sublimity of a Hieronymus Bosch painting.”  

Julia Kristeva, introduction in her book MELANIE KLEIN,

SYLLABUS

I PARANOID SCHIZOID POSITION

WK 1: “THE EGO FALLING INTO BITS”


**WK. 2: “THE STRUCTURE OF EXPERIENCE”**


**WK. 3: PHANTASY, PROJECTIVE IDENTIFICATION, THE CONCRETE AND SYMBOLIC**


“In the Kleinian/Bionian way of thinking, all internal transactions within the infant, between infant and mother, infant and world and between objects in the world are represented as unconscious phantasies. All defence mechanisms themselves constitute unconscious phantasies about the interrelationship between internal objects and between them and the self. Unconscious phantasies constitute moving narrative images and arise during pre-lexical hegemony of imagery (Shlain, 1998).” *James S. Grotstein, from the chapter on unconscious phantasy in his book “...But at the Same Time And On Another Level...”: Psychoanalytic Theory and Technique in the Kleinian/Bionian Mode, Karnac, 2009*
WK. 4: FINDING HOW TO LISTEN AND HOW TO SPEAK


WK. 5: ENVY AND THE DEATH INSTINCT: EXPLORATIONS, MODIFICATIONS AND CONTROVERSIES


FROM J. GROTSTEIN: “The impact of Bion’s contributions: I have hitherto discussed envy and greed and jealousy from the one person perspective. If we add Bion’s (1962a, 1962b) two person perspective from his concepts container -contained, maternal and then the infant's own alpha function, we suddenly get another, three dimensional perspective. The normal, well attached infant (because of successful maternal containment and alpha function) will undoubtedly experience minimal envy or, even if it is greater, it will be mitigated by the emotional attunement of a containing mother. For envy-and greed and jealousy as well- to become developmentally or clinically significant, we must surmise that the infant has experienced inadequate maternal and/or paternal containment, emotional attunement, and attachment to help sublimate or neutralize it (an idea that is very close to Bion's concept of an “obstructive object”). In other words, the clinically significant existence of severe envy, jealousy, and or greed in a patient strongly suggests the history of a dysfunctional relationship between him and his
rearing objects. This formulation does not exclude the possibility that the infant had been born with the capacity for excess envy, greed, or jealousy. . . .” p. 255 in “...BUT AT THE SAME TIME....”...Vol. I, Karnac, 2009

Optional:

Magagna, J., Mrs. Bick’s contribution to the understanding of severe feeding difficulties and pervasive refusal “in SURVIVING SPACE, Papers on Infant Observation, ed, Briggs; Karnac, 2002, pp. 135-56


II. DEPRESSIVE POSITION

WK.6: HOLDING LOVING AND HATING FEELINGS IN MIND


WK. 7: THE DEPRESSIVE POSITION


3. Likierman, Chpt 8, up to but not including section on Oedipus Complex, pp. 112-127 only.

“A Kleinian koan might read as follows: the analysand has become what he believed he has done to his object (via projective identification and then introjective identification) ...(P.74)

It has been my impression that despite the propensity on the part of the Kleinians to hold to the primacy of the drives (original sin) ... these analysts seem to experience great empathy toward what I call the innocent aspect of the patient who is being passively co-opted by his drives and /or by internal objects within another pathological self. If I am right in this latter belief, then innocence may be thought of as one of the hidden orders of the Kleinian technique” (P. 76)

“... the infant’s sense of self (ego identity) is an obligatory function of its relationship to the object: the infant first projectively identifies aspects of itself into the external object (and later into internal objects as well) and then introjectively identifies the thus formed chimerical object (object plus projections from the infant)...Whereas Klein and –Freud- speak of the infant as a single entity, Winnicott speaks of a primary being infant and a “doing infant”, the latter of which seeks the breast. Kleinian theory and technique only allows for the latter. ”(P.78)James S. Grotstein, “... BUT AT THE SAME TIME AND ON ANOTHER LEVEL...”

"Klein brought the timing of the archaic Oedipus complex to the second oral stage (biting), which was coeval with the emergence of the depressive position. It is the constellating mythic theme that gives structural containment to all unconscious phantasies which arose during the paranoid-schizoid and depressive positions. Uniquely, its setting or landscape is the infant's phantasy about the insides of mother's body and the paternal phallus and the 'unborn children' who dwell there". from Grotstein in"... But At The Same Time And On Another Level..."
**WK. 8 KLEIN’S UNDERSTANDING OF THE OEDIPAL COMPLEX AND CONTEMPORARY KLEINIANS’ UNDERSTANDINGS**

1. Likierman, M., Chpt. 5, “‘Figures wholly divorced from reality’- The Departure from Freud”, *melanie klein: her work in context*, pp. 65-84.


Optional:


**WK. 9: REPARATION**


Optional:

Read a synopsis of William Shakespeare's play, A Winter's Tale. We will apply Melanie Klein’s understanding of the depressive position to this work. We will Look at Leontes grief and guilt for his attack on his objects, and discuss how and if his feelings lead to reparation of his internal objects, and we will look for what is evidence of reparation, even restoration, in the external landscape.

WK 10: SUFFERING PSYCHIC PAIN


A 3-6 page paper is to be handed in at the last class. I am particularly interested in learning how you think Melanie Klein's theory will inform and benefit your clinical thinking; or, if you are critical of her theory, learning what concerns you about her clinical concepts and theory. Choose one aspect of her theory or her clinical approach, or their inter-relationship, and describe your understanding of this concept/approach and write either on how you anticipate this influencing your thinking and your work, or explain how you think it clinically problematic. You can include/ discuss the additions and revisions of the modern Kleinians, noting how these inform and maintain, or alter Klein's theory. Apply your understanding to a patient you are seeing or to a piece of literature – if no patient seems to fit- since this will give greater depth and clinical meaning to your thoughts. Be sure to include a careful description and definition of the concept before you explain its value or lack of value for your clinical work.

Additional Readings and Sources:

Grotstein, James, “..BUT AT THE SAME TIME. AND ON ANOTHER LEVEL...”, Vol 1 & 2, Karnac, 2009

Hinshelwood, Robert, Robinson, Susan and Zarate, Oscar, and Appignanesi, Richard, ed. INTRODUCING MELANIE KLEIN, Icon Books, 1997. (a graphic 'text' book which is quite good)


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