

Clinical Klein!!

Book review

Hinshelwood, R (1994) **Clinical Klein**. London: Free Association Books.
ISBN 1-85343-315-2.

Gavin Ivey
Department of Psychology
University of Natal
Durban

Object relations theory is perhaps the dominant discourse in contemporary clinical psychoanalysis. Moreover, it seems to have won over many former critics of psychoanalysis, as evidenced by the extent to which object relations metaphors have penetrated psychotherapeutic approaches traditionally hostile to psychoanalysis. For example, concepts such as introjection and internalisation, containing, holding, good enough mothering, etc. have become common coin in circles who remain avowedly antagonistic to Freudian concepts and methods. The current clinical popularity of object relations theory arises from the selective appropriation of those authors and concepts which appear "cuddlier" than Freudian psychoanalysis, with its discomforting emphasis on oedipal sexuality and aggression. This is ironic as Melanie Klein, one of the originators of object relations theory, based her approach on an unflinching portrayal of humankind as driven by primitive unconscious oral and anal impulses deriving from the eternal opposition of life and death instincts. Simply stated, Klein's object relations theory, which derived from her psychoanalytic treatment of young children and psychotic adults, is concerned with demonstrating how our earliest interactions with parental figures gives rise to primitive phantasies of orally incorporating these figures. These introjected parental "objects" and our unconscious phantasied loving and destructive interaction with them constitutes the essence of our internal world, and profoundly influences our perceptions of the external world.

Klein's concepts and writing style make her work difficult to internalise and digest, and many of those who profess an object relations orientation do so without having read her work. This was aggravated until recently by the paucity of published introductions to Kleinian theory. In 1989, however, Robert Hinshelwood, founder and consultant editor of the **British Journal of Psychotherapy**, published his acclaimed **Dictionary of Kleinian Thought** (London: Free Association Books). Far more than a dictionary, this text provided a comprehensive overview of Kleinian theory and technique.

The rather inelegantly titled **Clinical Klein** was written to complement the densely theoretical **Dictionary** by presenting clinical vignettes of published Kleinian case

studies. The objective was to illustrate how Kleinian thought is grounded in close scrutiny of detailed analytic case material, rather than abstract speculation. This strategy of bringing Kleinian thought to life by concretely showing the links between metapsychology and analytic patients' experiential reality - what Hinshelwood calls the "indicative method" - is long overdue. On introducing Klein to postgraduates I have been frequently accosted by perplexed and frustrated students who respond to Klein's bald assertions about intrapsychic reality with the objection, "But *where* does Klein get this from"? This is a fair question, and Hinshelwood's **Clinical Klein** attempts to answer it by exposing readers to detailed and vivid case vignettes, frequently omitted or merely briefly summarised in most Kleinian commentaries.

At first glance the Kleinian universe appears stranger and more bizarre than even the Freudian world of incestuous desire and oedipal rivalry. For those who struggle to assimilate Freudian insights, Klein's portrayal of our earliest unconscious life is guaranteed to elicit strong negative reaction. Hinshelwood's helpful preface, indicating the case examples he uses, together with their sources, warns readers about the nature of what the author expects them to consider. The descriptive names of these cases include, "Anal holding on", "Attacked by worms", "The man who assaulted his buttocks", "The man who broadened out", "The woman with a devil inside", etc. Hinshelwood's writing style aims to assist readers in understanding experiences far removed from waking consciousness. He presents himself as an amiable tour guide showing potentially prickly visitors around a foreign city. Realising that intellectual discourse would only serve to alienate wary readers, he uses simple language and carefully avoids as much psychoanalytic jargon and theoretical complexity as he can. This leads at times to terminological and conceptual imprecision that might irritate those readers already well-acquainted with object relations theory. For example, the terms "introjection", "internalisation", and "incorporation" are used interchangeably, thereby blurring their important nuances of meaning.

Chapter one establishes the psychoanalytic background of Klein's thought by selectively discussing those aspects of Freudian psychology which formed the springboard for her own innovative extensions and revisions. Chapter two, Introjection and Projection, shows how these concepts, although originating in Freud's work on melancholia, were substantially amplified by Karl Abraham, who was to become Klein's first analyst. The first case vignette Hinshelwood presents is thus one of Abraham's, and it illustrates the interrelated anal and oral phantasies whereby individuals incorporate (introject) and externalise (project) significant others in order to manage anxieties about these others. Far from being a gentle introduction to primitive dynamics, Hinshelwood - after cautioning that this material may be emotionally disturbing - confronts the reader with coprophilic material guaranteed to put sensitive readers off their lunch. Abraham's explicit interpretation was that his depressed patient, who contracted his anal sphincter and had compulsive phantasies of eating excrement lying about the street, had unconsciously equated his fiancée with faeces, and was preoccupied with her introjection (symbolised by eating faeces) and her loss through defecation (hence the urge to contract his sphincter lest she slip away from him). Seasoned Kleinians, acquainted with the psychotic fantasy world of primitive oral and anal processes, would not flinch at this interpretation, but those unfamiliar with Abraham or Klein might find this first case study somewhat hard to swallow. Hinshelwood is mindful of this and concludes the chapter with the observation that,

"however far-fetched these ideas may seem at this point, they can hardly be more strange than the minds of psychotic patients" (p24).

Chapter three focuses on the phenomenon of unconscious phantasy, whereby bodily functions and processes are mentally elaborated into images, and later metaphors, which structure our real and imagined interactions with others. Hinshelwood shows how primitive phantasies, which constitute the preverbal bedrock of our psychic life, are not confined to psychotic individuals but developmentally underlie and influence all cognition. He illustrates the operation of oral-cannibalistic phantasy with reference to two well-chosen examples: the dreams of a man in mourning his deceased wife, and a preverbal child's dramatic shoe phobia. The little girl was later to articulate her fear that it was the loose flapping sole of her mother's shoe which had given rise to fear that mother's shoe was going to eat her, thereby confirming the prevalence of oral-aggressive phantasies in the lives of young children.

While the first three chapters are brief, perhaps overly so, the fourth chapter on Klein's famous play technique of child analysis is more substantial. This is the first chapter to include any of Klein's own case material, and Hinshelwood packs it with Klein's convincing demonstrations that young children's play with simple toys is the rich medium for the symbolic enactment of sexual and aggressive phantasies toward parental figures, experienced as dwelling as internal objects in the child's own body. Klein's audacious and courageous transference interpretations of her young patients' play, which was contrary to Anna Freud's play therapy method, illustrates how primitive anxieties can be alleviated through the deepest verbal interpretations which explicitly acknowledge the destructive and libidinal phantasies that constitute the mental life of young children.

The fifth chapter on the phenomenon of internal objects is a crucial one since the Kleinian paradigm is primarily concerned with how psychological difficulties derive from anxieties about what we unconsciously do - motivated by love and hate - to our internalized parental figures, and what these inner presences are perceived as doing to us. Internalisation of parental objects results in identification with aspects of them, and in this way they become part of our own personality structure. Internalisation of objects experienced as "bad" therefore results in a part of ourselves being similarly perceived, thereby necessitating a defensive phantasied process of splitting off and externalising (projecting) the negative self-aspects. However, in thus disavowing and losing parts of ourselves we experience ourselves as fragmented or empty, and the world as a hostile environment populated by persecutory figures (our own projected negative aspects). Hinshelwood sympathetically portrays the dilemmas of individuals unconsciously struggling with their internal objects. He begins by showing how hypochondriacal symptoms arise from the phantasy of persecutory internal objects attacking one's body from within, and goes on to illustrate further psychological manifestation of "possession" by bad objects. He does, however, point out that good objects too are internalized and identified with, and that when this happens in a therapeutic relationship the therapist continues to exist as a source of hope and aliveness in the mind of the patient.

Chapters six and seven are devoted to clinical manifestations of the depressive and paranoid-schizoid positions. Developmental positions, which Klein substituted for the traditional Freudian psychosexual stages, refer to constellations of object relations,

phantasies, anxieties, and defences. These two developmental positions, whose life-long interaction determine the complexities of emotional life, are basically distinguished by our experience of human destructiveness. Depressive experience arises from the phantasy that our own aggression has injured or destroyed our ambivalently loved and hated internal objects, thereby causing the guilt and self-denigration so typical of depressive states of mind. Paranoid-schizoid experience stems from our paranoid fears of persecution by objects into which we have unconsciously projected our own destructiveness, thereby ridding ourselves of aggressive feelings at the expense of turning the world into a hostile space. At this point Hinshelwood's unsystematic organisation becomes irritating. He defines the concept of positions only at the end of the chapter which features detailed examples of depressive position dynamics. If his objective is to make it easier for readers to understand complex case material it would make more sense to define the concepts before detailing examples.

Hinshelwood devotes chapter eight to discussion of an important defence mechanism, which Klein referred to as projective identification. This describes a process whereby an anxiety-provoking part of oneself is unconsciously split off in phantasy and relocated in another person, thereby ridding oneself of the fearful part while simultaneously maintaining contact with it through interactions with the object into who it is projected. Importantly, the last part of this chapter illustrates Wilfred Bion's important understanding that projective identification is not merely a defence but also a means of non-verbal communication with the psychotherapist. The therapist is unconsciously called upon to "contain" the alienated part of the patient, to experience, understand and process it in order that it might be made safe for the patient to integrate at some point. This obviously has important implications for a revised understanding of the therapist's countertransference. The latter could no longer be viewed simply as the therapist's own unresolved unconscious conflicts, perceived by Freud as an obstruction to therapeutic understanding. It is thus appropriate that, after a chapter on the death instinct and its destructive manifestation as envy, Hinshelwood returns in chapter ten to the issue of countertransference, citing Heimann's famous reformulation of the therapist's emotional responsiveness to the patient as "an instrument of research into the patient's unconscious" (p153). He speaks of countertransference as "a dialogue between two unconscious minds, with the conscious exchanges mediating the unconscious ones" (pp153-154), and approvingly quotes Irma Brenman Pick's beautiful analogy of the therapist's emotional availability: "If there is a mouth that seeks a nipple as an inborn potential, there is, I believe, a psychological equivalent, i.e. a state of mind which seeks another state of mind" (p163). This obviously takes us far away from the Freudian understanding of psychoanalysis as symbol interpretation, and Hinshelwood discusses the implications (and problems) of this with elegant simplicity.

Chapter eleven, Knowing and being known, considers Bion's important contribution to understanding the disruption of symbol formation and thinking in severe emotional disorders. For Bion thinking was not primarily an intellectual activity, but arose from the desire for emotional knowledge of one's own and other's experience. This understanding informs Hinshelwood's twelfth chapter on the Oedipus complex, and highlights the difficulty posed by the therapeutic pursuit of emotional integration in primitive personalities, where insightful "coming together" is associated with anxiety and envy in relation to the patient's phantasies of parental intercourse.

The following two chapters detail the frustrating clinical reality of a category of narcissistically disturbed patients who, despite their conscious commitment to treatment, unconsciously resist meaningful contact with the therapist and with life-affirming parts of their own minds. As a consequence the therapy becomes an impasse and the patient becomes perversely enslaved to a cruel and destructive component which dominates the personality and prevents any therapeutic change.

Chapter fifteen, titled Change and development, identifies the Kleinian therapeutic focus as the analysis of subtle shifts in the quality of the patient's emotional contact with the therapist. Kleinian psychotherapy is concerned with searching for "the truth about patient's and analyst's contact with each other in the transference and countertransference interaction" (p229). In his consideration of the healing aspects of psychoanalysis Hinshelwood's style becomes almost lyrical: "The human mind is surely the most fascinating thing in the universe. Perhaps the only greater fascination is two human minds struggling to on to discover what is happening between them" (p229). In a prologue devoted to the evolution of Kleinian technique Hinshelwood acknowledges that old-style Kleinian analysts rigidly pursued "blunt expositions" of their patients' destructive impulses and resistances to the analyst's insights, thereby promoting an adversarial atmosphere between analyst and patient. Today the focus has shifted toward "the adversaries *within* the patient's world" (p232). The old emphasis on destructiveness has been modified toward balanced interpretations which give "equal emphasis to loving feelings as well Love is as powerful a spring of phantasy life as destructiveness" (pp232-233). Hinshelwood is mindful of and open to the criticisms that have been levelled at the Kleinian perspective: "Psychoanalysis can never be the same after these strange and difficult discoveries. Some have concluded that Kleinians have taken leave of reality as we know it, and swum off into the detached freedom of their patients' wild phantasies - or, as some would believe, into the world of their own unsupported phantasies" (p238).

His willingness to entertain the Kleinians' historical failings emerges from his convictions as to the contemporary movement's merits. He undoubtedly succeeds in providing a moving portrayal of contemporary Kleinian analysis as a humane and humanistic enterprise. This is strikingly evident in the book's last section, Reflections: Progress and History, where he concludes with an impassioned criticism of diagnostic classification, the antithesis of psychoanalytic understanding: "There is a painful lack of charity to the patient in reducing his or her interactive potential to a diagnosis; the patient becomes a pathological entity rather than a striving agent. After all, it is the patient as a feeling, struggling colleague who is the substance of the subjectivity the psychoanalyst seeks, and this is the hall mark that makes psychoanalysis a science of the subject" (pp240-241).

Clinical Klein gives readers interested in Kleinian thought a feel for the therapeutic reality behind the theory. Hinshelwood's attempts to show, using non-technical language, the interpretative logic of the Kleinian approach, succeeds in most of his case explications. Read in conjunction with his **Dictionary of Kleinian Thought**, Hinshelwood's **Clinical Klein** puts flesh on the theoretical skeleton and animates it in a most engaging fashion. This is a unique and valuable text. Pity about the title!