Austrian psychoanalyst who developed therapy for young children. In *The Psychoanalysis of Children* (1932), she presented her methods and ideas of child analysis; she believed play was a symbolic way of controlling anxiety and analysed it to gain insight into the psychological processes of early life.

The British psychoanalyst Melanie Klein (1882–1960), née Reizes, was born in Vienna, Austria, into a Jewish middle-class family. Klein was a bright, ambitious child and did well in grammar school, but financial problems prevented the family from supporting her desire to train in medicine; instead, circumstances forced her to marry at the age of 21. Within a few years, she had three children and moved to Budapest with her husband; however, a life of domesticity did not suit the independent and strong-willed Klein, and she became depressed. Seeking treatment with the Freudian analyst Sandor Ferenczi, Klein discovered a new and exciting intellectual pursuit in psychoanalysis. Ferenczi encouraged her to train as an analyst and to venture into the as yet unexplored field of child analysis. Klein began by analyzing her own children and went on to develop an innovative method of child analysis, called the psychoanalytic play technique, and a new school of thought in psychoanalysis based on the earliest, infant–mother relationship: object relations theory.

Klein became a psychoanalyst in 1919 and, soon after, divorced her husband and moved to Berlin, where she joined the Berlin Psychoanalytic Society. The society's president, Karl Abraham, supported Klein's work with children, and she soon developed the psychoanalytic play technique. Klein's play technique treats children's play as equivalent to the free associations of an adult on the couch: Play is seen as symbolizing unconscious phantasies (Klein preferred this British spelling to emphasize the unconscious nature of the phantasies, in contrast to conscious fantasies, or daydreams). Thus, play activities are the material on which interpretations are based. To gain as much access as possible to unconscious phantasies, Klein provided her young patients with a wealth of play materials, including small figures, animals, cars, paper, pencils, water, and cups, but the psychoanalytic play technique is most decidedly not play therapy. Klein advocated making "deep" interpretations of oedipal and pre-oedipal phantasies, which she believed helped relieve anxieties in the young child; as evidence, she cited the release of inhibitions in play immediately following such interpretations. Her work with children led Klein to challenge some basic tenets of Freudian theory. She proposed that the young child has an early superego and is capable of transference, which Freud held was not possible until after the resolution of the Oedipus complex, leading to the formation of the superego at around age 6.

Klein's new ideas were controversial in Berlin, so when Abraham died suddenly in 1926, she welcomed an invitation from Ernest Jones, president of the British Psychoanalytical Society (BPS), to move to London, where many psychoanalysts were eager to learn her play technique. Soon after her arrival, the controversy over Klein's approach prompted a debate with the Freuds in Vienna, where Anna Freud was developing a different method of child analysis. Anna Freud disagreed with Klein's deep analysis of children and argued that instead the analyst should seek to strengthen the child's ego and serve as an external superego for the young child. Sigmund Freud also criticized Klein's challenges to his theory.
about the timing of the Oedipus complex and the development of the superego. Jones and several other key members of the BPS supported Klein in the debate, and the dispute was left unresolved only to reemerge later when the Freuds moved to London at the beginning of World War II.

Over the next decade, with the support of a loyal group of followers in the BPS, Klein developed a distinctly new approach to psychoanalysis known as object relations theory, which challenged not only Freud's account of child development but also his view of the adult psyche and his method of analyzing adults. Klein's most controversial idea was her claim about the existence of aggressive phantasies derived from the workings of the death instinct in the infant psyche. Even though the death instinct is a classical Freudian concept, Klein's vision of the infant's mind as a cauldron of destructive phantasies was seen as going too far. Her most important and influential contribution was the idea that the infant has a primary object relationship with the mother. In Freud's view, the infant feels love for the mother only because she satisfies his or her basic physiological needs. In contrast, Klein argued that the infant is predisposed from birth to seek a relationship with a caregiver independent of other needs; thus, the relationship to a love object is primary. In Klein's view, this relationship is represented within the psyche by a complex world of mental representations, or "internal objects." This inner world of mental objects populates the ego and the superego, and the dynamic relationships among them determine the mental health of the individual. Klein's fundamental idea of personality being made up of mental objects in relationship with one another has inspired various psychoanalytical schools of object relations theory, including the approaches of Donald Winnicott and Otto Kernberg.

Kleinian object relations theory proposes the existence of two fundamental phases in the child's development: (1) the paranoid-schizoid position and (2) the depressive position. In the paranoid-schizoid position, the infant's mind is dominated by primitive defense mechanisms that split the object into part objects and into good and bad. Hate for the bad objects and greed and envy of the good objects inspire phantasies of attacking and destroying the mother's body. Klein emphasized psychotic defenses such as denial, splitting, and projection, and identified a new mechanism: projective identification. This defense has now developed a variety of definitions within various approaches, but in Klein's original conception it refers to the projection of parts of the self into the object and identification of the object with those parts. The paranoid-schizoid position is followed by the depressive position as the child begins to grasp the concept of whole objects and his or her psyche becomes dominated by feelings of unconscious guilt for having attacked his or her love object in phantasy. This guilt leads the child to attempt to repair the objects through acts of reparation toward the mother. Early in development, the organization of the ego oscillates between these two states: Successful reparations will allow the depressive position to predominate, while unsuccessful ones will bring the paranoid-schizoid position to the fore. In the course of normal development, the ego eventually works through the depressive position and develops a mature internal object world.

This account of infant development led Klein to view adult personality in a new light. Depression in adults is caused by a failure to work through the depressive position, whereas schizoid and psychotic states represent a reemergence of the paranoid-schizoid position, with its primitive defenses producing symptoms of paranoia and distortions of reality. This object-relational view of the adult in a paranoid-schizoid state made it possible to conduct analysis with more seriously ill patients, such as schizophrenics, who had previously been considered unreachable.

Klein's object-relational view of adult personality together with her experiences conducting deep analysis with children also led to innovations in her analytic technique with adults. Whereas Freudian
technique aims to reconstruct past relationships by interpreting free associations, Kleinian technique focuses on immediately interpreting the transference to reach the patient's current inner world of objects. Klein also advocated making deep oedipal and pre-oedipal interpretations from the start and paying close attention to the countertransference as a way of understanding the patient's primitive defenses, such as projective identification. Changes in the transference relationship are taken to indicate changes in the internal world of the patient. Thus, the mutative factor is analysis of the transference, not insight into the unconscious and past relationships, as suggested by classical psychoanalysis.

Klein's challenges to Freudian psychoanalysis and ventures into working with psychotic patients prompted a second debate with Anna Freud, known as the Controversial Discussions, following the Freuds' arrival in London in 1938. Anna Freud quickly became an influential member of the BPS and, with the support of her followers from Vienna and a handful of British analysts, argued that Klein's ideas were not sufficiently Freudian and were incompatible with classical psychoanalysis. Klein was also criticized for working with psychotic patients without a medical qualification. The controversy went on for several years and was eventually resolved in 1944 when the two sides agreed to disagree and set up separate training programs for their groups. The BPS still offers separate training for Freudians and Kleinians, but there is also a strong group of Independents who bridge the gap.

Kleinian object relations theory is currently practiced by a large Kleinian group in London and is also popular among South American psychoanalysts, especially in Argentina, but it has been largely rejected by American psychoanalysts, who are mostly ego psychologists and who reject the notion of the death instinct. Kernberg is among the few American analysts who have been influenced by various aspects of Kleinian theory beyond the basic concept of object relations. However, Klein's ideas have had a much larger influence on academic developmental psychology through the work of the psychoanalyst John Bowlby, who trained with Klein and was inspired by object relations theory to develop his famous theory of infant attachment.

See also Attachment Group Therapy; Classical Psychoanalysis; Freud, Sigmund; Freudian Psychoanalysis; Kernberg, Otto; Neo-Freudian Psychoanalysis; Object Relations Theory; Winnicott, Donald

Further Readings


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