The second need is for those who have care of children of all ages to be ready to put each child into touch with appropriate elements of the cultural heritage, according to the individual child's capacity and emotional age and developmental phase.

It is useful, then, to think of a third area of human living, one neither inside the individual nor outside in the world of shared reality. This intermediate living can be thought of as occupying a potential space, negating the idea of space and separation between the baby and the mother, and all developments derived from this phenomenon. This potential space varies greatly from individual to individual, and its foundation is the baby's trust in the mother *experienced* over a long-enough period at the critical stage of the separation of the not-me from the me, when the establishment of an autonomous self is at the initial stage.

Mirror-role of Mother and amily in Child Development[1]

dividual emotional development *the precursor of the mirror is the er's face.* I wish to refer to the normal aspect of this and also to sychopathology.

cques Lacan's paper 'Le Stade du Miroir' (1949) has certainly enced me. He refers to the use of the mirror in each individual's development. However, Lacan does not think of the mirror in s of the mother's face in the way that I wish to do here.

efer only to infants who have sight. The wider application of the to cover infants with poor sight or no sight must be left over till ain theme is stated. The bare statement is this: in the early stages e emotional development of the human infant a vital part is played e environment which is in fact not yet separated off from the infant e infant. Gradually the separating-off of the not-me from the me place, and the pace varies according to the infant and according environment. The major changes take place in the separating-out mother as an objectively perceived environmental feature. If no erson is there to be mother the infant's developmental task is ely complicated.

me simplify the environmental function and briefly state that it ves:

Holding
Handling
Object-presenting.

infant may respond to these environmental provisions, but the in the baby is maximal personal maturation. By the word ration at this stage I intend to include the various meanings of

[1] lished in P. Lomas (ed), *The Predicament of the Family: A Psycho-analytical osium* (1967). London: Hogarth Press and the Institute of Psycho-Analysis.

the word integration, as well as psychosomatic interrelating and object-relating.

A baby is held, and handled satisfactorily, and with this taken for granted is presented with an object in such a way that the baby's legitimate experience of omnipotence is not violated. The result can be that the baby is able to use the object, and to feel as if this object is a subjective object, and created by the baby.

All this belongs to the beginning, and out of all this come the immense complexities that comprise the emotional and mental development of the infant and child.[1]

Now, at some point the baby takes a look round. Perhaps a baby at the breast does not look at the breast. Looking at the face is more likely to be a feature (Gough, 1962). What does the baby see there? To get to the answer we must draw on our experience with psychoanalytic patients who reach back to very early phenomena and yet who can verbalize (when they feel they can do so) without insulting the delicacy of what is preverbal, unverbalized, and unverbalizable except perhaps in poetry.

What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and *what she looks like is related to what she sees there.* All this is too easily taken for granted. I am asking that this which is naturally done well by mothers who are caring for their babies shall not be taken for granted. I can make my point by going straight over to the case of the baby whose mother reflects her own mood or, worse still, the rigidity of her own defences. In such a case what does the baby see?

Of course nothing can be said about the single occasions on which a mother could not respond. Many babies, however, do have to have a long experience of not getting back what they are giving. They look and they do not see themselves. There are consequences. First, their own creative capacity begins to atrophy, and in some way or other they look around for other ways of getting something of themselves back from the environment. They may succeed by some other method, and blind infants need to get themselves reflected through other senses than that of sight. Indeed, a mother whose face is fixed may be able to respond in some other way. Most mothers can respond when the baby is in trouble or is aggressive, and especially when the baby is ill. Second, the baby gets settled in to the idea that when he or she looks, what is

[1] For further and detailed discussion of these ideas the reader can consult my paper 'The Theory of the Parent-Infant Relationship' (1960b).

is the mother's face. The mother's face is not then a mirror. So ption takes the place of apperception, perception takes the place t which might have been the beginning of a significant exchange the world, a two-way process in which self-enrichment alternates he discovery of meaning in the world of seen things.

turally, there are half-way stages in this scheme of things. Some do not quite give up hope and they study the object and do all possible to see in the object some meaning that ought to be there it could be felt. Some babies, tantalized by this type of relative nal failure, study the variable maternal visage in an attempt to t the mother's mood, just exactly as we all study the weather. aby quickly learns to make a forecast: 'Just now it is safe to forget other's mood and to be spontaneous, but any minute the mother's ill become fixed or her mood will dominate, and my own personal must then be withdrawn otherwise my central self may suffer insult.' mediately beyond this in the direction of pathology is predictability, is precarious, and which strains the baby to the limits of his or her ty to allow for events. This brings a threat of chaos, and the will organize withdrawal, or will not look except to perceive, as a e. A baby so treated will grow up puzzled about mirrors and what irror has to offer. If the mother's face is unresponsive, then a is a thing to be looked at but not to be looked into.

return to the normal progress of events, when the average girl her face in the mirror she is reassuring herself that the mother- is there and that the mother can see her and that the mother is *port* with her. When girls and boys in their secondary narcissism n order to see beauty and to fall in love, there is already evidence oubt has crept in about their mother's continued love and care. man who falls in love with beauty is quite different from the man oves a girl and feels she is beautiful and can see what is beautiful her.

ll not try to press home my idea, but instead I will give some les so that the idea I am presenting can be worked over by the .

tration I

er first to a woman of my acquaintance who married and brought three fine male children. She was also a good support to her band who had a creative and important job. Behind the scenes woman was always near to depression. She seriously disturbed marital life by waking every morning in a state of despair. She

could do nothing about it. The resolution of the paralysing depression came each day when at last it was time to get up and, at the end of her ablutions and dressing, she could 'put on her face'. Now she felt rehabilitated and could meet the world and take up her family responsibilities. This exceptionally intelligent and responsible person did eventually react to a misfortune by developing a chronic depressive state which in the end became transformed into a chronic and crippling physical disorder.

Here is a recurring pattern, easily matched in the social or clinical experience of everyone. What is illustrated by this case only exaggerates that which is normal. The exaggeration is of the task of getting the mirror to notice and approve. The woman had to be her own mother. If she had had a daughter she would surely have found great relief, but perhaps a daughter would have suffered because of having too much importance in correcting her mother's uncertainty about her own mother's sight of her.

The reader will already be thinking of Francis Bacon. I refer here not to the Bacon who said: 'A beautiful face is a silent commendation' and 'That is the best part of beauty, which a picture cannot express', but to the exasperating and skilful and challenging artist of our time who goes on and on painting the human face distorted significantly. From the standpoint of this chapter this Francis Bacon of today's date is seeing himself in his mother's face, but with some twist in him or her that maddens both him and us. I know nothing of this artist's private life, and I bring him in only because he forces his way into any present-day discussion of the face and the self. Bacon's faces seem to me to be far removed from perception of the actual; in looking at faces he seems to me to be painfully striving towards being seen, which is at the basis of creative looking.

I see that I am linking apperception with perception by postulating a historical process (in the individual) which depends on being seen:

When I look I am seen, so I exist.
I can now afford to look and see.
I now look creatively and what I apperceive I also perceive.
In fact I take care not to see what is not there to be seen (unless I am tired).

Illustration II

A patient reports: 'I went to a coffee bar last night and I was fascinated to see the various characters there', and she describes some of these

characters. Now this patient has a striking appearance, and if she were able to use herself she could be the central figure in any group. I asked: 'Did anyone look at you?' She was able to go over to the idea that she did in fact draw some of the fire, but she had taken along with her a man friend, and she could feel that it was at him that people were looking.

From here the patient and I were together able to make a preliminary survey of the patient's early history and childhood in terms of being seen in a way that would make her feel she existed. Actually the patient had had a deplorable experience in this respect.

This subject then got lost for the time being in other types of material, but in a way this patient's whole analysis revolves round this 'being seen' for what she in fact is, at any one moment; and at times the being actually seen in a subtle way is for her the main thing in her treatment. This patient is particularly sensitive as a judge of painting and indeed of the visual arts, and lack of beauty disintegrates her personality so that she recognizes lack of beauty by herself feeling awful (disintegrated or depersonalized).

Illustration III

I have a research case, a woman who has had a very long analysis. This patient has come through, late in life, to feeling real, and a cynic might say: to what end? But she feels it has been worth while, and I myself have learned a great deal of what I know of early phenomena through her.

This analysis involved a serious and deep regression to infantile dependence. The environmental history was severely disturbing in many respects, but here I am dealing with the effect on her of her mother's depression. This has been worked over repeatedly and as analyst I have had to displace this mother in a big way in order to enable the patient to get started as a person.[1]

Just now, near the end of my work with her, the patient has sent me a portrait of her nurse. I had already had her mother's portrait and I have got to know the rigidity of the mother's defences very intimately. It became obvious that the mother (as the patient said) had chosen a depressed nurse to act for her so that she might avoid losing touch with the children altogether. A lively nurse would automatically have 'stolen' the children from the depressed mother.

This patient has a marked absence of just that which characterizes

[1] An aspect of this case was reported by me in my paper 'Metapsychological and Clinical Aspects of Regression within the Psycho-Analytical Set-Up' (1954).

so many women, an interest in the face. She certainly had no adolescent phase of self-examination in the mirror, and now she looks in the mirror only to remind herself that she 'looks like an old hag' (patient's own words).

This same week this patient found a picture of my face on a book-cover. She wrote to say she needed a bigger version so that she could see the lines and all the features of this 'ancient landscape'. I sent the picture (she lives away and I see her only occasionally now) and at the same time I gave her an interpretation based on what I am trying to say in this chapter.

This patient thought that she was quite simply acquiring the portrait of this man who had done so much for her (and I have). But what she needed to be told was that my lined face had some features that link for her with the rigidity of the faces of her mother and her nurse.

I feel sure that it was important that I knew this about the face, and that I could interpret the patient's search for a face that could reflect herself, and at the same time see that, because of the lines, my face in the picture reproduced some of her mother's rigidity.

Actually this patient has a thoroughly good face, and she is an exceptionally sympathetic person when she feels like it. She can let herself be concerned with other people's affairs and with their troubles for a limited period of time. How often this characteristic has seduced people into thinking of her as someone to be leaned on! The fact is, however, that the moment my patient feels herself being involved, especially in someone's depression, she automatically withdraws and curls up in bed with a hot water bottle, nursing her soul. Just here she is vulnerable.

Illustration IV

After all this had been written a patient brought material in an analytic hour which might have been based on this that I am writing. This woman is very much concerned with the stage of the establishment of herself as an individual. In the course of this particular hour she brought in a reference to 'Mirror mirror on the wall' etc. and then she said: 'Wouldn't it be awful if the child looked into the mirror and saw nothing!'

The rest of the material concerned the environment provided by her mother when she was a baby, the picture being of a mother talking to someone else unless actively engaged in a positive relating to the baby. The implication here was that the baby would look at

the mother and see her talking to someone else. The patient then went on to describe her great interest in the paintings of Francis Bacon and she wondered whether to lend me a book about the artist. She referred to a detail in the book. Francis Bacon 'says that he likes to have glass over his pictures because then when people look at the picture what they see is not just a picture; they might in fact see themselves.'[1]

After this the patient went on to speak of 'Le Stade du Miroir' because she knows of Lacan's work, but she was not able to make the link that I feel I am able to make between the mirror and the mother's face. It was not my job to give this link to my patient in this session because the patient is essentially at a stage of discovering things for herself, and premature interpretation in such circumstances annihilates the creativity of the patient and is traumatic in the sense of being against the maturational process. This theme continues to be important in this patient's analysis, but it also appears in other guises.

This glimpse of the baby's and child's seeing the self in the mother's face, and afterwards in a mirror, gives a way of looking at analysis and at the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. I like to think of my work this way, and to think that if I do this well enough the patient will find his or her own self, and will be able to exist and to feel real. Feeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation.

But I would not like to give the impression that I think this task of reflecting what the patient brings is easy. It is not easy, and it is emotionally exhausting. But we get our rewards. Even when our patients do

[1] See *Francis Bacon: Catalogue raisonné and documentation* (Alley, 1964). In his Introduction to this book, John Rothenstein writes:

'. . . to look at a painting by Bacon is to look into a mirror, and to see there our own afflictions and our fears of solitude, failure, humiliation, old age, death and of nameless threatened catastrophe.

'His avowed preference for having his paintings glazed is also related to his sense of dependence on chance. The preference is due to the fact that glass sets paintings somewhat apart from the environment (just as his daisies and railings set his subjects apart from their pictorial environment), and that glass protects, but what counts more in this case is his belief that the fortuitous play of reflections will enhance his pictures. His dark blue pictures in particular, I heard him observe, gain by enabling the spectator to see his own face in the glass.'

not get cured they are grateful to us for seeing them as they are, and this gives us a satisfaction of a deep kind.

This to which I have referred in terms of the mother's role of giving back to the baby the baby's own self continues to have importance in terms of the child and the family. Naturally, as the child develops and the maturational processes become sophisticated, and identifications multiply, the child becomes less and less dependent on getting back the self from the mother's and the father's face and from the faces of others who are in parental or sibling relationships (Winnicott, 1960a). Nevertheless, when a family is intact and is a going concern over a period of time each child derives benefit from being able to see himself or herself in the attitude of the individual members or in the attitudes of the family as a whole. We can include in all this the actual mirrors that exist in the house and the opportunities the child gets for seeing the parents and others looking at themselves. It should be understood, however, that the actual mirror has significance mainly in its figurative sense.

This could be one way of stating the contribution that a family can make to the personality growth and enrichment of each one of its individual members.

10 Interrelating apart from Instinctual Drive and in terms of Cross-identifications

In this chapter I put into juxtaposition two contrasting statements, each of which in its own way illustrates communication. There are many kinds of inter-communication and a classification of them seems hardly necessary since classification involves the making of artificial boundaries.

The first illustration I wish to give is in the form of a therapeutic consultation with a girl at an early stage of adolescence. This consultation had a result in that it paved the way for a thoroughgoing analysis which in three years could be counted a success. The point of giving the case, however, is connected not so much with the outcome as with the fact that any case description of this kind illustrates the way in which the psychotherapist acts as a mirror.

I wish to follow up this case description with a theoretical statement illustrating the importance of communication through cross-identifications.

GENERAL COMMENT ON THERAPY

Patients who have a restricted capacity for introjective or projective identifying present serious difficulties for the psychotherapist who must needs be subjected to what is called acting out and transference phenomena that have instinctual backing. In such cases the main hope of the therapist is to increase the patient's range in respect of cross-identifications, and this comes not so much through the work of interpretation as through certain specific experiences in the analytic sessions. To arrive at these experiences the therapist must reckon with a time factor, and therapeutic results of an instantaneous kind cannot be expected. Interpretations, however accurate and well-timed, cannot provide the whole answer.

our aim continues to be to verbalize the nascent conscious in terms of the transference, then we are practising analysis; if not, then we are analysts practising something else that we deem to be appropriate to the occasion. And why not?

16

A PERSONAL VIEW OF THE KLEINIAN CONTRIBUTION[1]

(1962)

In the course of your explorations outside Freud's own writings you will already have come across other important names, and you will have met analysts who have contributed in an original way, and whose contributions have been found generally acceptable. For instance, you will have met Anna Freud, who had a unique position in her father's life during the last two decades, and who cared for him with fortitude when he was ill, and you will be familiar at least with her classic summary of psycho-analytic theory in her *Ego and the Mechanisms of Defence* (1936). In any case, Anna Freud has had an immense influence on the way psycho-analysis has developed in the United States, and her stimulating interest in what others are doing has been responsible for much research that is published under other names.

Now Anna Freud was not so important in England as she has been in the United States, simply because of the very great developments that took place in London in the twenty years after the end of World War I, before Miss Freud came over with her father, refugees from Nazi persecution. It was during this period that my own psycho-analytic growth was making root and stem, and it might interest you therefore to hear from me something of the soil in which I had become planted.

You see, there developed a Melanie Klein–Anna Freud controversy, and this has not yet resolved itself. But this was not important for me in my early and formative years, and it is only important to me now in so far as it hampers free thought. In fact Melanie Klein and Anna Freud had a relationship in the Vienna days but this had no meaning for me.

From my point of view psycho-analysis in England was an edifice whose foundation was Ernest Jones. If any man earned my gratitude it was Ernest Jones, and it was Jones to whom I went when I found I needed help in 1923. He put me in touch with James Strachey, to whom I went for analysis for ten years,

[1] A talk given to the Candidates of the Los Angeles Psychoanalytic Society, 3 October 1962.

but I always knew that it was because of Jones that there was a Strachey and a British Psycho-Analytical Society for me to use.

So I came to psycho-analysis ignorant of personality clashes between the various analysts, and only too pleased to get effective help for the difficulties that were mine.

I was starting up as consultant paediatrician at that time, and you can imagine how exciting it was to be taking innumerable case histories and to be getting from uninstructed hospital-class parents all the confirmation that anyone could need for the psycho-analytic theories that were beginning to have meaning for me through my own analysis. At that time no other analyst was also a paediatrician, and so for two or three decades I was an isolated phenomenon.

I mention these facts because by being a paediatrician with a knack for getting mothers to tell me about their children and about the early history of their children's disorders, I was soon in the position of being astounded both by the insight psycho-analysis gave into the lives of children and by a certain deficiency in psycho-analytic theory which I will describe. At that time, in the 1920s, everything had the Oedipus complex at its core. The analysis of the psycho-neuroses led the analyst over and over again to the anxieties belonging to the instinctual life at the 4–5-year period in the child's relationship to the two parents. Earlier difficulties that came to light were treated in analyses as regressions to pregenital fixation points, but the dynamics came from conflict at the full-blown genital Oedipus complex of the toddler or late toddler age, that is just before the passing of the Oedipus complex and the onset of the latency period. Now, innumerable case histories showed me that the children who became disturbed, whether psycho-neurotic, psychotic, psycho-somatic or antisocial, showed difficulties in their emotional development in infancy, even as babies. Paranoid hypersensitive children could even have started to be in that pattern in the first weeks or even days of life. Something was wrong somewhere. When I came to treat children by psycho-analysis I was able to confirm the origin of psycho-neurosis in the Oedipus complex, and yet I knew that troubles started earlier.

I gave many tentative and frightened papers to colleagues from the mid-twenties onwards pointing out these facts, and eventually my point of view boiled up into a paper (1936) which I called 'Appetite and Emotional Disorder'. In this I gave samples of the case histories that had to be reconciled somehow with the theory of the Oedipus complex as the point of origin of individual conflicts. Babies could be emotionally ill.

It was an important moment in my life when my analyst broke into his analysis of me and told me about Melanie Klein. He had heard about my careful history-taking and about my trying to apply what I got in my own analysis to the cases of children brought to me for every kind of paediatric disorder. I especially investigated the cases of children brought for nightmares. Strachey said: 'If you are applying psycho-analytic theory to children you should meet Melanie Klein. She has been enticed over to England by Jones to do the analysis of someone special to Jones; she is saying some things that may or may not be true, and you must find out for yourself for you will not get what Melanie Klein teaches in my analysis of you.'

So I went to hear and then to see Melanie Klein, and I found an analyst who had a great deal to say about the anxieties that belong to infancy, and I settled down to working with the benefit of her help. I took her a case written up in great detail, and she had the goodness to read it right through, and on the basis of this one pre-Klein analysis that I did on the basis of my own Strachey analysis I went on to try to learn some of the immense amount that I found she knew already.

This was difficult for me, because overnight I had changed from being a pioneer into being a student with a pioneer teacher. Melanie Klein was a generous teacher, and I counted myself lucky. I remember on one occasion going to her for a supervision, and of a whole week's work I could remember nothing at all. She simply responded by telling me of a case of her own.

I now learned psycho-analysis from Melanie Klein, and I found other teachers comparatively rigid. For one thing, she had an amazing memory. On Saturday evening, if she so wished, she could go over every detail of the week's work with each patient, without reference to notes. She remembered my cases and my analytic material better than I did myself. Later she entrusted me with the analysis of someone near and dear to her, but it should be made clear that I never had analysis by her, or by any of her analysands, so that I did not qualify to be one of her group of chosen Kleinians.

Now I must try to specify what I did get from Melanie Klein. This is difficult because at the time I simply worked on the material of my cases, and on cases she told me about, and I had no idea that what was being taught me was highly original. The thing was that it made sense, and joined up my case-history details with psycho-analytic theory.

For Melanie Klein child analysis was exactly like adult analysis. This was never a trouble from my point of view as I started

with the same view, and I hold this view now. The idea of a preparatory period belongs to the type of case, not to a set technique belonging to child analysis.

Then Melanie Klein used sets of very small toys. These I found truly valuable, as they are easily manipulated and they join up with the child's imagination in a special way. It was an advance on talking and also on the drawing which I always used because of the convenience of one's having the drawings to keep to remind one of the nightmare or sample of playing.

Melanie Klein had a way of making inner psychic reality very real. For her a specific play with the toys was a projection from the child's psychic reality which is localized by the child, localized inside the self and the body.

In this way I grew up thinking of the child's manipulation of the little toys, and other special and circumscribed playing as glimpses into the child's inner world, and one saw that psychic reality can be referred to as 'inner' because it does belong to the child's concept of himself (or herself) as having an inside that is part of the self and an outside that is not-me and that is repudiated.

So in this way there was a close connexion between the mental mechanisms of introjection and the function of eating. Also projection had a relation to the bodily functions that are excretory—saliva, sweat, faeces, urine, screaming, kicking, etc.

In this way the material of an analysis either had to do with the child's object relationship or with the mechanisms of introjection and projection. Also the term object relationship could mean relationship to inner or to external objects. The child thus grew in a world, both the child and the world all the time being enriched by projection and introjection. The material for projection and introjection had a pre-history, however, for at basis what is in and of the child was at first taken in in relation to the bodily function of eating. In this way, while one could analyse for ever in terms of projection and introjection, the changes came about in relation to the eating, that is the oral erotism and sadism.

Following this, angry biting in the transference in relation to a week-end or a holiday would lead to an increase in the strength of the internal objects that had a persecutory quality. In consequence of this the child had a pain, or felt threatened within, or was sick, or else by the mechanisms of projection the child felt threatened from outside, developed phobias or had threatening fantasies either awake or asleep, or became suspicious. And so on.

Thus a very rich analytic world opened up for me, and the material of my cases confirmed the theories and did so repeatedly. In the end I came to take it all for granted. In any case these ideas are adumbrated in Freud's 'Mourning and Melancholia' (1917); and Abraham (1916) (Klein's teacher in Berlin) opened up the new territory which Melanie Klein so much enjoyed pegging out.

The important thing for me was that while none of the impact of the Oedipus complex was lost, work was now being done on the basis of anxieties related to pregenital drives. One could see that in the more or less pure psycho-neurotic case the pregenital material was regressive and the dynamics belonged to the four-year-old period, but on the other hand, in many cases, there was illness and an organization of defences belonging to the earlier times in the infant's life, and many infants never in fact arrived at so healthy a thing as an Oedipus complex at toddler age.

In my second child training case in the early thirties I was lucky in that I had a girl of three who had started her illness (anorexia) on her first birthday. The material of the analysis was Oedipal, with reactions to the primal scene, and the child was in no way psychotic. Moreover she got well and she is now married happily and rearing her own family. But her Oedipus conflict started on her first birthday when she for the first time sat at table with her two parents. The child, who had shown no symptoms previously, reached out for food, solemnly looked at her two parents, and withdrew her hand. Thus started a severe anorexia, at exactly one year. In the material of the analysis the primal scene appeared as a meal, and sometimes the parents ate the child, whereas at other times the child upset the table (bed) and destroyed the whole set-up. Her analysis was finished in time for her to have a genital Oedipus complex before the onset of the latency period.

But this was an old-fashioned case. Melanie Klein's approach enabled me to work on the infantile conflicts and anxieties and primitive defences whether the patient was child or adult, and gradually threw light on the theory of reactive depression (started by Freud) and the theory of some states characterized by persecutory expectation, and made sense of such things as the clinical alternations to and fro between hypochondria and delusions of persecution, and between depression and the obsessional defence.

All the time working with Klein I found that there was no variation on the strict application of Freudian principles of technique. There was a careful avoidance of stepping outside the analyst's role, and the main interpretations were transference interpretations. This was natural for me because my own analyst

was strictly orthodox. [Later I had a second analyst: Mrs Joan Riviere.]

What I did find was a much enriched understanding of the material presented, and in particular I found it to be valuable to be in a position to localize the item of psychic reality, inside or outside, and to get free of the use of the phrase 'weaker fantasy', even spelt with a 'ph'.

Working along Klein lines one came to an understanding of the complex stage of development that Klein called the 'depressive position'. I think this is a bad name, but it is true that clinically, in psycho-analytic treatments, arrival at this position involves the patient in being depressed. Here being depressed is an achievement, and implies a high degree of personal integration, and an acceptance of responsibility for all the destructiveness that is bound up with living, with the instinctual life, and with anger at frustration.

Klein was able to make it clear to me from the material my patients presented, how the capacity for concern and to feel guilty is an achievement, and it is this rather than depression that characterizes arrival at the depressive position in the case of the growing baby and child.

Arrival at this stage is associated with ideas of restitution and reparation, and indeed the human individual cannot accept the destructive and aggressive ideas in his or her own nature without experience of reparation, and for this reason the continued presence of the love object is necessary at this stage since only in this way is there opportunity for reparation.

This is Klein's most important contribution, in my opinion, and I think it ranks with Freud's concept of the Oedipus complex. The latter concerns a three-body relationship and Klein's depressive position concerns a two-body relationship—that between the infant and the mother. The main ingredient is a degree of ego-organization and strength in the baby or young child, and for this reason it is difficult to place the beginnings of the depressive position earlier than 8–9 months, or a year. But what does it matter?

All this belongs to the era between the wars, when there was rapid growth in the British Society and when Klein was the fertilizing agent. Paula Heimann and Susan Isaacs were in support, and also Joan Riviere, my second analyst.

Since those days a great deal has happened, and I do not claim to be able to hand out the Klein view in a way that she would herself approve of. I believe my views began to separate out from hers, and in any case I found she had not included me

in as a Kleinian. This did not matter to me because I have never been able to follow anyone else, not even Freud. But Freud was easy to criticize because he was always critical of himself. For instance, I simply cannot find value in his idea of a Death Instinct.

Well, Klein has done a great deal more that we cannot afford to ignore. She has gone deeper and deeper into the mental mechanisms of her patients and then has applied her concepts to the growing baby. I think it is here that she has made mistakes because deeper in psychology does not always mean earlier.

It has become an important part of the Klein theory to postulate a paranoid-schizoid position which dates from the very beginning. This term paranoid-schizoid is certainly a bad one, but we nevertheless cannot ignore the fact that we meet, in a vitally important way, the two mechanisms

(1) talion dread
(2) splitting of the object into 'good' and 'bad'.

Klein seemed to think at the end that infants start in this way, but this seems to ignore the fact that with good-enough mothering the two mechanisms may be relatively unimportant until the ego-organization has made the baby capable of using projection and introjection mechanisms in gaining control over objects. If there is not good-enough mothering, then the result is chaos rather than talion dread and a splitting of the object into 'good' and 'bad'.

In regard to good and bad, I think it doubtful whether these words can be used before the infant has become able to sort out benign from persecutory internal objects.

So much of what Klein wrote in the last two decades of her fruitful life may have been spoilt by her tendency to push the age at which mental mechanisms appear further and further back, so that she even found the depressive position in early weeks; also she paid lip-service to environmental provision, but would never fully acknowledge that along with the dependence of early infancy is truly a period in which it is not possible to describe an infant without describing the mother whom the infant has not yet become able to separate from a self. Klein claimed to have paid full attention to the environmental factor, but it is my opinion that she was temperamentally incapable of this. Perhaps there was a gain in this, for certainly she had a powerful drive to go further and further back into the personal individual mental mechanisms that constitute the new human being who is at the bottom rung of the ladder of emotional development.

The main point is that whatever criticism we may want to

make of Klein's standpoint in her last two decades, we cannot ignore the very great impact her work had in England, and will have everywhere, on orthodox psycho-analysis.

As for the controversy between Klein and Anna Freud, and between the followers of each, this has no importance to me, nor will it have to you, because it is a local matter, and a strong wind will blow it away. The only important thing is that psycho-analysis, firmly based on Freud, shall not miss Klein's contribution which I shall now attempt to summarize:

Strict orthodox technique in psycho-analysis of children.
Technique facilitated by use of tiny toys in initial stages.
Technique for analysis of two-and-a-half-year-old children and all ages older.
Recognition of fantasy as localized by the child (or adult), i.e. inside or outside the self.
Understanding of internal benign and persecutory forces or 'objects' and their origin in satisfactory or unsatisfactory instinctual experiences (originally oral and oral sadistic).
Importance of projection and introjection as mental mechanisms developed in relation to the child's experience of the bodily functions of incorporation and excretion.
Emphasis on the importance of destructive elements in object relationships, i.e. apart from anger at frustration.
Development of a theory of the individual's attainment of a capacity for concern (depressive position).
Relationship of constructive play
work
potency and child-bearing
to the depressive position.
Understanding of denial of depression (manic defence).
Understanding of threatened chaos in inner psychic reality and defences related to this chaos (obsessional neurosis or depressive mood).
Postulation of infantile impulses, talion fears and the splitting of the object prior to attainment of ambivalence.
Always an attempt to state the infant's psychology without reference to the quality of the environmental provision.

Then come certain more *doubtful* contributions:
Retaining a use of the theory of the Life and Death Instincts.
An attempt to state infantile destructiveness in terms of
(*a*) heredity
(*b*) envy.

17

COMMUNICATING AND NOT COMMUNICATING LEADING TO A STUDY OF CERTAIN OPPOSITES[1]

(1963)

Every point of thought is the centre of an intellectual world
(Keats)

I have started with this observation of Keats because I know that my paper contains only one idea, a rather obvious idea at that, and I have used the opportunity for re-presenting my formulations of early stages in the emotional development of the human infant. First I shall describe object-relating and I only gradually get to the subject of communicating.

Starting from no fixed place I soon came, while preparing this paper for a foreign society, to staking a claim, to my surprise, to the right not to communicate. This was a protest from the core of me to the frightening fantasy of being infinitely exploited. In another language this would be the fantasy of being eaten or swallowed up. In the language of this paper it is *the fantasy of being found.* There is a considerable literature on the psycho-analytic patient's silences, but I shall not study or summarize this literature here and now. Also I am not attempting to deal comprehensively with the subject of communication, and in fact I shall allow myself considerable latitude in following my theme wherever it takes me. Eventually I shall allow a subsidiary theme, the study of opposites. First I find I need to restate some of my views on early object-relating.

Object-Relating

Looking directly at communication and the capacity to communicate one can see that this is closely bound up with relating to objects. Relating to objects is a complex phenomenon and the development of a capacity to relate to objects is by no means a matter simply of the maturational process. As always, *maturation*

[1] Differing versions of this paper were given to the San Francisco Psycho-analytic Society, October 1962, and to the British Psycho-Analytical Society, May 1963.