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## **West Lodge Conference 2015: Discussion Transcript**

*(Discussion lasts from 01.06.28 to end of recording)*

PRISCILLA ROTH (CHAIR): Well, obviously, a tremendously rich paper...so many specific issues to think about. I'd like to open the floor for discussion now, to see what kind of thoughts have come into people's minds.

CHRIS MAWSON: Thank you John, I found that so interesting. Just one point – you mentioned early on that, nowadays, a lot of analysts in this way of working might take issue with Klein's comments about the point of urgency, and going for the most severe anxiety, and it struck me that the lesson in fact is not necessarily to go for the particular, specific, most dreaded fear, but that the concept of a specific point of urgency might alert us to the domain in which that's happening, or the level, to be functioning at the right level. So I can imagine that, working in this way, one might have an idea what this dreaded fear is, but for some reason that is not purely one's own trepidation, might decide not to necessarily name it at that point; but one would at least be alerted to the right level.

And, just secondly, another point: you mention that Klein would recognise that she might have to be hated by the patient. Just to add, right at the end of Strachey's 1934 paper, there's more than a hint that the analyst fears more than simply being hated. He kind of speaks of the point of focus of instinctual forces, and I think what Strachey meant was that the analyst fears not just being seen as a bad object, which can be bad enough, but might fear becoming the bad object.

JOHN STEINER: I'm very interested in that; it reminds me...I remember Betty Joseph saying, "You've got to shift down a level," and I think it's exactly the point you're making, that you may be making, as it were, a correct interpretation at a certain level, but it's rather superficial – but if you can shift down a level...but precisely what that means is more difficult to define, isn't it, but it's a very interesting point.

The other point you mentioned that I think is also very interesting is: what is it that the analyst fears. And Klein mentions that bit of Strachey that you... I must say that I have an additional problem when I make these rather, sort of, deeper interpretations: I get worried about my colleagues, if my colleagues say, you know, "what on earth are you doing? You're acting out..." I get embarrassed. So the kind of superego that's projected in our colleagues, and our fear of departing from what they approve of, is another, I think, very important thing that prevents us from following the material.

Oddly, it's interesting, it's more my colleagues than my parents, I think – Hanna Segal's always saying, "Why don't you go for it?" and it's my siblings who are saying, "Ooh no..."

CYRIL COUVE: Thanks very much John. On this point of an interpretation, or some form of interpretation of the past, it's – and what you say about, there's a superego that one doesn't [xx] but it's interesting to compare Klein to Michael's [Feldman] paper, 'The Illumination of History,' where you start with the assumption, from that, to interpret the past, that is not mutative, what is mutative is to listen to the



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resurgence of history related to an aspect of the here and now, and that this is what is mutative – this is linked to Betty Joseph. But what Klein seems to be saying – I'm trying to understand Klein – that first of all she's got this notion of kind of primal phantasy, structural fantasies in all subjects, and that's because she's contributed to the early phantasy, the relation to the breast, the mother's body and all that, but it seems like she might use something like that to trigger the resurgence of the past in a patient, in other words it seems to be ascribing something mutative in the process of making a deep interpretation of the past, but listening very carefully to what you call the resurgence of the past, Michael, in your paper, that emerges, and then using that to build a picture a bit more... But she does describe something, some mutative aspect to it. It would be interesting to see in a detailed case history how this works. Thank you very much.

**JOHN STEINER:** My view is that she would not have quarrelled with Michael. She would feel – I mean, it's not on this point – she would feel that those analysts who interpret the past, they divert from the mutative possibilities, which is interpreting the present. However, she would say that we gain information about the unconscious fantasies currently going on, if we listen, and even if we interpret, or use the past to interpret the present. But that's where, that needs to be teased out I think... That's where I hope that we might eventually clarify a bit how we might develop our technique. I don't think it would be to go into the past. But that requires a lot of thinking.

**DENISE CULLINGTON:** I just wanted to say that the papers were so fascinating, and certainly the way that, John, you, the parts that you present to us, are so astonishing, and thought-provoking and helpful. Why do you think they were never published before?

**JOHN STEINER:** I must, perhaps, just state publicly how much we owe to Elizabeth Spillius; she really, not only found these in the archive, but she was very much responsible for the archives themselves. But she recognised their importance, and this paper she wrote about them spells out many of the things – although surprising to me not some of the ones I found most interesting. But Spillius thinks that Klein may have been preparing a book on technique, and she was saying, you know, I'm not going to publish these as papers because one of these I'm going to write a book, but never got round to it, as if other things occupied her more. But I just don't think we know the answer to that. But I hope that they will make interesting reading in their entirety, I think; I've given you a taste.

**RON BRITTON:** Could I just make a suggestion? You know the Controversial Discussions followed these lectures. I think that would be enough to distract anybody.

**CATALINA BRONSTEIN:** Thank you John, most fascinating paper. It made me think of two things. The first one is related to the example you brought from Klein's work with John and the child's fear of being eaten up by her. You say that what Klein was trying to stress was that, while John's anxiety was initially increased by the interpretation of his fear and aggression, he gradually felt relief and began to play a new game. I think this was very much connected to Klein's theory of anxiety and symbol formation, in that you need anxiety in order to stimulate symbolic equations and symbol formation, mainly symbolisation, but if the anxiety is too great, then it is



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paralysing. But anxiety in itself is something that is part of the work, and necessary to move on. And, so I was thinking, when Klein interprets these early anxieties, she's doing a number of things at the same time: she's trying to deepen the work, ease anxiety, but at the same time allow for the symbolic process to develop. And when she talks about the past, there is a question in my mind about whether she thought that what she was interpreting was a real experience, or whether it was the unconscious phantasy that the child had of what had happened to him in the past. And within this, then, we still are still operating at the level of unconscious phantasy, because it's not the mother, it's a mother in his mind. We can make a connection to the past, but it is still the past as it is lived in phantasy by the patient; it's not the actual past.

JOHN STEINER: I think that's a very important point and I think it arises from a kind of recognition of an internal world, and then what is projected in the transference is an internal mother that is projected onto the...it's not the actual mother. So one might say, it's always in the here and now, there's no such...we're not making any reference to the past at all; we're making reference to a patient's version of an internal object, and that might be a clearer way of defining how we make excursions into what's called the past, and to differentiate it from... You see, at the beginning, Freud actually believed in the past very specifically. He would try and find evidence from, you know, from the maids, from external sources, that a particular trauma had taken place. Klein, I think, would not be interested in that; she's very – I mean, you put it very well.

GIOVANNA RITA DI CEGLIE: I just wanted to say that I'm very, very glad that you got through these lectures of Klein because, as you remember, Elizabeth Spillius came to the postgraduate seminar with these unpublished lectures and we actually discussed it at your seminar –

JOHN STEINER: I forgot that.

GIOVANNA RITA DI CEGLIE: And I must say that I've got them, and I actually am struck by, particularly, the notion of the analytic attitude. She's not talking about psychoanalytic identity or whatever; this little word, and then she specifies the meaning of that word. And I found it so extraordinary, and particularly the notion, not just of getting in touch with the unconscious of the patient, but the cooperation between different parts of the personality in the analyst, and I think it is so fundamental. I even thought, this is the democratic position, you know. And I think this is linked to interpreting behaviour, I think, because ultimately you must communicate to the patient when you interpret behaviour, whether there is something that you accept in yourself about it. And I think that is so important. I don't know how it gets communicated, but it does, that there can be something thoroughly unacceptable but possibly acceptable at some level or other. Thank you anyway.

RUPERT NIEBOER: Just to join that thought about the past. I mean, I guess partly for me it's that in Klein we're in a synchronic view of development as opposed to a diachronic, I mean, I think that's what we talk about... And in that view it's quite difficult for me to understand what the past means, really. I mean it's a sort of artefact of language, but actually there isn't a past, one could say; there is a presently fantasied view of things. I think, I remember, [Stephen] Dreyer – I hope he won't mind me quoting him – in an adult department unit meeting, saying, "One can tell the



patient's progress in analysis by how much their past improves." So... but I was also intrigued, and think there's a lot more to think about – at least for me – on this point of, not coming to the point of urgency in the transference, and how common it is for me to interpret internal dynamics or interpret general statements, or to realise in writing up a session that I had had the thought to interpret it in terms of the present transference, but that I had momentarily delayed and gone for something slightly more abstracted or defended. And quite what's in that flinching, you know...there's a lot of Strachey, there was your comment and others, and it would be good to open that out, for me, as the day goes on.

MICHAEL FELDMAN: I found this a fascinating paper, and a source of a lot of interesting thought and work. Just two small points: I've found, and I've always found, in Klein there are two, sort of, styles she adopts. I liked very much where you quoted her speaking about the exploration, the desire to ascertain the truth, the – this chewing, this notion of prematurely evolving a notion of the structure of the case, and so on. One gets a picture of someone really exploring things in a very impressive and valuable way, and then we get another note that comes into it, which is much more didactic. She says, "We should be able to note undisturbed what the patient's mind presents to us," and later she says this thing about the patient projecting things into her, and she says, you can just say no. Well, most of us have the experience of the opposite; you're not in a position to say no, and the force of whatever it is that is elicited or projected, or provoked in us, is of such a nature that we can't really... But there's some idea that this is perhaps because they're lectures, and there's this didactic quality, which I think is in contrast with this marvellous scientific, slow exploration of things, again which is very different from, as you point out, from the tone of Bion's paper, where he's talking about the same things, and he also declares one should eschew memory and desire, as if that's possible.

PRISCILLA ROTH: But, I mean I think this is one of the things we'll talk about a lot throughout the day, these differences. I think it comes partly back to Giovanna's point, because my reading of what she was saying was not that – I mean it is more didactic than the other – but about what one, in a sense, aspires to, and how it does have to do with one's own acceptance of what's going on in one's self. So you're not – you that you may be hit by the projections from the patient, but you don't think that you have, somehow, a right to get back at the patient for it; sometimes you may do it, but that if you can hang on to some identification with what the patient is experiencing, and ask yourself questions about why that's going on, and that that's the goal, you know the goal of the analyst, to pull himself back from being overwhelmed by the projection. And that seems terribly important to me, to hang on to: my job is actually to try to understand that.

MICHAEL FELDMAN: Yes, I don't think there's any disagreement; I think if you're saying, if you talk about pulling back, or to try and work through something... But that's very different from saying no, as if you could.

JOHN STEINER: I think this, I agree with Priscilla; this is going to be the debate. You see, all these thoughts about the analytic attitude – Klein makes clear, and perhaps I haven't quite... She says, these are ideals, we're never, we're not able to do it, but we should try to say no if we feel we're being taken over. Of course you can't say no to unconscious things. Nevertheless, I think the patient often makes one conscious, and you do get the feeling, "I'm being taken over." There's also a very



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common style, certainly in reporting material, where one dwells on the countertransference, and even, the analyst might bring their own dreams or their own fantasies that they've had. Now Klein would say, you've got to learn to ignore those, and concentrate on why the patient is producing them. So I think there is a distinction between attempting to do analytic work and being successful at doing it, and I don't think for a moment she thinks one can achieve this.

The other thing is there is a – but I do agree there's a didactic tone, and some of the unconscious fantasies of a general kind she feels are so important that they're always there. And the most significant of them, I think, is the effect of destructive fantasies on the good object, and it's so important to catch these because that is where the mutative potential lies. If you tackle the paranoia and the various other things, there are – you know, it has a function, but the real work... So she's always bringing it round to that, which is I think a narrow – you know, you could say that this is a bit didactic, and who's to say that there aren't other fundamental fantasies that are equally important. She does say that, if you listen properly, you can also reject all that you've learned about psychoanalysis. So she would try and do that, but certainly some of the basic fantasies are so central to her that she is kind of reminding you all the time, "Forget these at your peril."

PRISCILLA ROTH: Just, very quickly: isn't that because those particular destructive fantasies towards the original object have such serious consequences for the personality?

JOHN STEINER: Yes, but not only, because trauma also has serious consequences, but you can't alter trauma; you can't analyse, you know, the persecuting figure and make them less... You can only alter the internal world, so that the reason for taking this up is not to say that trauma doesn't exist, but it's not our task; we can't do anything about that, except we perceive differently.

RON BRITTON: I'm quite overwhelmed with admiring Melanie Klein actually, and somewhat humbled, and at one point I remembered with some irritation, "I thought that." It turns out she thought it, which is my experience with Freud's footnotes; whatever original idea I thought I had was a Freud footnote. But there's one bit I was struck by from – I can't remember the context but it's reported, of her in a supervision group, where she takes to task the person presenting for going straight to the transference, and then adding to the transference fantasied unconscious early material. She directed the person's attention to the fact that the really anxious process that's in the patient at that moment is what's happening in his current life. And that was the dimension I thought was missing, John, in your discussion, as though this was just about whether things are going to be what's called here-and-now or there-and-then. She said it wasn't; it was a three-legged stool: it's here-and-now in the transference, it's the past, and it's the current life. And quite often in analysis, unless one can get to grips with what's being brought in the current life, one can't understand the past or the transference.

JOHN STEINER: Yes. No, I'm glad you point that out because I could – it's there in the lectures, and I could emphasise that.

JANE MILTON: I just wanted to say something that I think John did mention briefly in his talk. But I think some of the didactic nature of Klein's arguing, "I'm not



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going to take on these projections, you know, tell me something about myself, it's nothing about the patient;" she's obviously having an argument with all sorts of other people in the society who are saying, this is amazing, we can talk about our countertransference and, you know, we can all analyse, and it all tells us... And she really doesn't like this new fashion at all, and I think that's why she sounds so, sort of, definite about it.

DAVID BELL: Yes, I too found it very exciting listening to this, but also, one of the things that strikes me – and John said it, I think, quite early on – is, you know, various things we might disagree with, but I do also feel we've lost something, and I don't quite know why it is. And it is to do with this link between...the way she described unconscious phantasy, and I do think somehow her capacity to talk so directly about unconscious phantasy gets a little bit lost sometimes. And I just wonder why that is. One of the things that strikes me when reading Klein is, of course, her extraordinary balance, and that one feels that she can talk about these things, and that absolutely, very little sense of any moralising, that she can talk about the most terrible things and one feels she does it with a certain kind of...way that, you know, "This is what we're like." And it's so easy, one often hears it, you know, one finds oneself doing it, but it pulls more into something slightly moral, which she seems, at least in what's been described, to avoid.

The other thing I wanted to say is, that the value of thinking, of still thinking of the transference as a form of resistance, because you give the example of her interpreting the transference, and then this opens up something. And I still think it's true that it's a sort of double-edged thing, that transference is both our way of understanding things, but is also a form of resistance, which is a rather old-fashioned idea, but I still think it is the case.

CLAUDIA FRANK: I wanted to say that I think it's deliberately that she chose the writing of guidelines for the technique and for the first lecture, and that this is a development from Freud; you know, he gives advice in technique, and that she really found that she wanted what Liz called this ideal-typic[al] infancy or ideal-typic[al] technique, and therefore "guideline" is a good word for having the basics of our goal, as you put it. And going back to the question of why she didn't publish it; I'm sure she would have published if somebody would have proposed to publish it, because [the] other child analysis book is out of two years of lectures, it was that she developed that book, and I suppose that if somebody would have said, I'll just publish it, and helped her to publish it – I don't think she deliberately didn't want to publish it.

JOHN STEINER: No, but I think you'd agree that it would require a lot of editing work to publish it, as I've been doing, and she –

CLAUDIA FRANK: – Sure, and it took a long time when she published child analysis of children [*The Psycho-Analysis Of Children*], it took five years and it took a lot of patience of the editor of the publishing house, really, to wait until she did the work you now did, to publish.

SUSIE GODSIL: I just want to go back to the whole question of unconscious projection, and I mean, Klein is right to warn about the use of countertransference and to keep it at bay, but I was just thinking about unconscious projection and projections that we don't realise are happening until some time has passed; but also



the value of something of an unconscious-to-conscious process happening here, that she might have been avoiding. I mean, I don't know, but just being brought up in a period much later, where countertransference has been much more accepted, it seems to me that maybe she might be missing one avenue into a deeper unconscious-to-unconscious communication, and very primitive form, by saying – being so didactic about countertransference. But that's just something that I am struggling with.

JOHN STEINER: Yes, I was very interested in this – almost as if Klein claims a right for herself to say no, and I thought, because I've been writing on feminism and the repudiation of feminism, and I thought it was a feminist argument, that particularly a woman is entitled to say no to intrusive projections, and this is part of her right. And it seems to me this is all part of a kind of combative side of Klein that I thought we also lack. Some of, many people have said there's something quite inspiring about these, that they're willing to fight for things.

GIOVANNA RITA DI CEGLIE: Can I add just something to this? Because it seems to be very important: the “no” is not just to the projection, or the intrusive projection; it's difficult to say no when you project, so I think that the “no” feels incredibly healthy because it means that you are less likely to project something into the other person, so one can see the other side.

CHRIS MAWSON: A very brief point: I think the “no” is also no to carrying out the role that's ascribed. The dramaturgical element is a post-Kleinian one really with [León] Grinberg, and also it's – Melanie Klein didn't think much of Bion's work with groups, but in 'Experiences in Groups', and John has commented on this in a paper, there's a very nice description of the relationship between projective identification and countertransference, you know, where John commented that the analyst must free themselves of a numbing sense of reality. When they can do that, Bion said, they're in a position to analyse what's been happening; before that, they've been recruited into a role that they've been unconscious of. So I quite like the idea of saying no to a man penetrating one; but I think it's also “no” to performing the role that's ascribed, and instead, “yes” to analysing it.

SUSIE GODSIL: Thanks, I was interested... I got a bit distracted by you thinking about it in a sexual way, John, sort of refusal to have something pushed into one. But the other phantasy I'd had with this “no” was more, something like an incest taboo, whether there was some sort of anxiety, as countertransference began to get developed, about this extraordinary aspect of our work. Two consciousnesses, two minds, seem to get muddled up with one another; whether her “no” in such a didactic way was something of, actually, a sort of paternal “no”, which is interesting given the way theory has developed, in terms of thinking about third positions, or the third, or ways of managing to think about projecting, projective identification, Bion's use of the two, you know, the male and female symbol.

MICHAEL FELDMAN: I mean it's about the nature of Klein's interpretations: at what level, at what degree of symbolisation, is involved. Thinking of the material that John quotes, of the patient who said this reminded him of his grandfather, who was kindly but who was also associated with a butcher he was afraid of as a child because he spat and smelled of meat; and the butcher had a frightening icebox, which contained pieces of meat that Klein thought stood for the dead and injured objects inside him



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that he was continuously striving to put right. I can understand the theory behind it; it's this phrase of "stood for", which I was troubled about. In what sense does that "stand for" the child's fantasies of the dead and injured object inside him? I'd be interested to know what other people think. It's not an uncommon phrase that is used in Klein and, I think, in Hanna Segal, that this "stands for", and what exactly is meant by that? And I wonder what my colleagues think or what other people think about that, because that bit of it sort of jarred a little bit with me; I felt that she wasn't talking about the child's fear of what the butcher might do to him, or talking about some kind of disorder inside him. It's this notion, almost direct transposition, of this image of cut-up bits of meat linked to something, some phantasy of what is inside him, and I found that a bit difficult.

PRISCILLA ROTH: Just to say something about that, I mean we talked about it before, a few minutes ago; my understanding of what Michael is saying is that there is something of symbolism in the idea of "standing for", and that, I think we don't think that what she's talking about there is symbolism, it's actually, it's something "standing for" in the sense of being a symbol of – that we think it's much more concrete than that; it actually *is* the thing, and I think that's maybe what you were talking about. Ron, you had something you wanted to say.

RON BRITTON: It's really, as I see it – my thought is that we view symbolism as too evolutionary, in a sense. What I mean by that is that it – the way we seem to adopt it is that, at the root there is something real and then there's something that represents it – that's a favourite word of Freud's – but isn't it, unless you call it a symbolic equation and then you get sort of achievement to something called a symbol, which means it's not the real thing. I think, rather than that, there are very basic models of some kind, psychically, which are in new situations realised in different forms. So that, for example in this one, dead meat seems to be the model and – well actually you'd think it was a bit optimistic to think you were going to bring it back to life, but, so they are dead objects aren't they, they are dead meat, and that would in my view, you see, be a model of how something can be dead, stowed away, kept, refrigerated, or whatever one likes to say, and that there will be very varied versions of that at different points, one of which, I would be inclined to say, that the patient would be afraid that I had some very dead ideas stashed away and refrigerated, to be used, which I rather think Michael's sort of tuning into. So I think of rather more dynamic things, that the past is just an earlier version of whatever's present, rather than simply that one's a representative of another thing; it must be a new version, not... And surely that's why she was so keen that the transference is alive, and it's the latest version of something.

JOHN STEINER: But I think the question Michael's raising – because I don't think there's any disagreement on that – but, what is the function of a concrete image, and where's it derived from, and how can, can we rely on it? Did it come, for example, from a preconceived notion of Klein's, or Freud's, that the ego is a body-ego, and that the images that are later elaborated into symbolic things like dead ideas, originate in images of dead bodies, or Klein would say dead parts of bodies? Now, our reaction is that this – where did this derive from, and what function does it have? It doesn't... The fact that the patient mentions meat, but he did – you see, and where did Klein get the idea that he felt, in the whole analysis, his task was to restore these dead objects; that was why he was coming. I don't know where she got that from, but it seems clear that she was willing to use ideas derived from her notion of



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what the basic fantasies were, and to explore how were these met by the patient. Of course the danger of being, of influencing the patient, is what we're afraid of; I think she wasn't afraid of that. She kind of thought, "Well he'll tell me," but of course we know there are some compliant patients who are so willing to take on the words of the analyst, that the analyst may never find out that this is a folie à deux, that they're exploring, and I think our concern is whether this is a danger that we want to avoid, or whether it's a danger we know about and are willing to risk. I don't... I think that's the one of the central issues these things raise, and I think Michael's right to raise it.

MICHAEL FELDMAN: You see, I wonder if this is an example of, perhaps of something that came up elsewhere in the paper, that the association of the patient to this very unpleasant scene in the butcher's, that that evoked some images, fantasies, reactions in the analyst, which put her in touch, presumably, with something awful inside the patient. And the question is to some degree a technical question: what is the most useful way of speaking to the patient about these particular beliefs or images, that come up in the analyst, of a primitive or horrific kind? What's the best way of speaking to the patient in a way that you feel can get through to the patient? And there are different views about this, as you've brought up. One is to say, well, in the patient's internal world there are cut-up pieces of bodies or something; that might be thought of as a deep and strong interpretation. But Ron's view is, you know, that one goes to talk about dead ideas, or to try and find what is the language, the terminology, the imagery, that is most usefully communicated to the patient about one's belief about the internal world, which has been elicited in the analyst through these associations.

JOHN STEINER: Can I – sorry, it's a bit of a... It's so interesting, I think, because my view is partly that this is always the case, that you see, when a scientist thinks of an atom as a nucleus surrounded by electrons, this is his imagery of the world around him, and you know, it may be that it's a useful image; it may be eventually superseded, but it seems to me, the question is: is the analyst's task to provide these images for the patient? And what are the dangers and the risks of not doing it? And also, how do you judge? Because I'm always reminded of Freud's paper on constructions, where he says, I'm not interested in the patient's reaction to my interpretation; he might agree with a wrong interpretation or he might disagree with a right one. I'm only interested in one thing, and that is what emerges in the process of time. So the question of how do you evaluate whether, you know... And I think the other thing Klein says is that it's, we're much more dealing with the analyst's problems than with the patient's problems, or with the problem of psychoanalysis; it's, the analyst's got to find what's his reaction to these things.

MARTHA PAPADAKIS: Thank you everyone for a very interesting on-going discussion about these matters. I wanted to just come back to the butcher story, when you could say, I mean, thinking of the matter of symbolisation, you could say that it's sort of an appropriate thing for a butcher to have chopped-up meat, isn't it? That's what butchers do. But this is like a very primitive internal object, which could be also the murderer's superego, isn't it, that chops up the self into minute bits and destroys the mind and so on. And in other words, I think what we, what Klein's speaking to, and what we're also thinking about here, technically, to deal with, is: what is going to be a source of tremendous anxiety? Because if that is the object, it's a butcher, isn't it, who chops up the self, or it's a projected self that chops the object up; it's not really – I think what's being conveyed at this moment is the terror of an



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object that does that to the self, and that's the form which it's in. And that is what, emotionally speaking, contains the depth of anxiety, and that's what she's also saying in one way or another, isn't it, that one's got to be able to elucidate that, and to make contact with the patient on that sort of level. And I think we all know that when you have such an experience it's a tremendous relief, isn't it; that's what being understood feels like. Anyway, thank you very much.

JOHN STEINER: As you speak I worry I've done Klein an injustice, because it's so – you'll have to, when the book comes out, or if you want to before... There's a great deal of detail, you see, and I've kind of condensed it all, and I wanted to make this theme about the concrete object. But you see, for example, I think more, at least now I think more telling is the image of the, when he was sitting by the fire after the last session, he had the image of the devil dancing with his grandmother, you see, and that led him to smash, or have the phantasy of smashing. So I thought this had to do with a sense of betrayal, that the analyst, by dancing with the devil, you see, had betrayed him, and that this produced this enormous outburst of rage, and that that's what she connected with the murderous attack on this couple. You see, that we would today take it up, we could take up the basic theme without reference to part objects or bodies, and then comes a second question of: what does it add or detract to deal with the concrete imagery? But I think I didn't quite do justice to this moment when he saw that seeing, meeting the other patient was evidence of betrayal, you know, of dancing with the devil.

CATALINA BRONSTEIN: Thank you. During the break we've talked about something that seems to be connected to this, which has to do with early unconscious phantasies, and you talking about universal patterns and universal fantasies, which you linked to Bion's extensions in myth. It reminded me of Freud's notions of primal fantasies, as in the Wolf Man for example, and the connection to the primal scene, castration and seduction. However much Freud's notion of unconscious phantasy was quite different from Klein's, he also believed in an early phylogenetically primal phantasy. I wonder how much Klein was also influenced by this; perhaps the emptying of the breast, images about the breast, were felt by her to be connected to primal fantasies. If those primal fantasies exercise some importance, then I imagine that it can also guide at some level the interpretations; I just wonder the impact of holding on to the notion of primal fantasies and the effect this might have on interpretation.

That was one question; the other one has to do with how much when we interpret we operate at the level of transformations, like Bion's notion of transformation. So if – what is the dead meat? Is the dead meat a bad object? Is it concretely linked to the body, and a part of the mother? Is it the breast? Is it something that then, it can perhaps be subsequently transformed in our minds into a type of relationship to the object? Or maybe even bring in a certain function in connection to the analyst. There are so many potential transformations we can go through, that one could ask what influences our choice of interpretation?

IRMA BRENMAN PICK: I thought the paper was really riveting, as though Mrs Klein was in the room with us. But there are just a couple of things I want to say, the first one about the chopped-up bits of meat: I have to say, in my young days I think we could have had no hesitation; we would have just taken that it's chopped-up bits of the breast actually, there was the confirmation. I think nowadays one might think



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more about the devil dancing with the grandmother, whether the patient is actually leading the analyst a dance, and inviting the analyst to just such interpretations. I mean I think we would approach it differently now than we would have then. But I was really, you won't be surprised to hear, interested in Mrs Klein saying no to the projections, and I was just – the seminars came after Paula Heimann's 1950 paper, so there's a real argument going on with Paula Heimann, I mean, this is part of the issue. And I remember a story told of Margaret Little presenting a paper in the Society, saying the patient made her feel confused, and Mrs Klein said, "No dear, you are confused." So I think the wish not to confuse one's own stuff with the patient comes through very well.

But I also found myself thinking, I had a patient who was a scientist, who said that the prof in his lab used to say, "Treasure your unsuccessful results," and I think it's in a way a pity that she couldn't think more about the "no" to the projections, because there does need to be somebody who says, no. I mean, there needs to be a father there, if you like, to protect the mother from being overwhelmed by what's coming from the baby, but there also needs to be somebody to think about what the baby's looking for. And so there needs to be two parents, and in a way, by just being emphatically "no", she can't analyse, really, what the patient might be looking for, either in a destructive way, or in a way of being baby who wants a mother to hold him, for instance. Anyway, if you can't think about it, you really restrict yourself, I think, in how you can talk about it.

DEBORAH STEINER: I was actually just going back to something Michael was saying about, look, was this something Klein actually said to the patient, or was it something she formulated when she was writing her notes, as a way of thinking? If one thinks about some of the things she said to children, according to her papers – for example Dick – I think some of the things she said we would regard now as wild analysis, really, and... But nevertheless they had a kind of importance, certainly I think for Dick, and even though I think we wouldn't have the courage, and we're not Mrs Klein, to be able to have the courage to say some of the things she said to Dick like, you go between the doors and crashing, parents having – you know, the sort of things that... And I think that it's a bit unfair to judge her on that because she was very much exploring what children were struggling with, and I think basically she probably had a kind of – and certainly this comes across when you hear the paper – a kind of presence, which made the children think, maybe, you know, she's saying funny things but she's basically doing something important, something like that, I don't know.

RON BRITTON: I would like to take up this "no" question. This arises in a discussion in the 50s unlike the – we've got to keep that in mind – the '36 lectures, and it's after schizoid states has been written, and it's after she's the first to describe projective identification and the phenomenon, neck and neck with Herbert Rosenfeld, who was in analysis with her at the time. And he told me that she said to him, "Wait until my book comes out before you publish yours." If we take Herbert's further elaboration, I think that we can address this "no" question, because he would have said that projective of this kind can either be an evacuation or a communication, or a colonisation, and it's important that the analyst should know which it is. And in those terms, she would be describing saying no to the colonisation, I think, that is, to being taken over by projection of the patient's phantasy of the analyst, and allowing herself to become such a person in her own mind, and not simply in the patient's; as if she's



saying, for goodness' sake, if you've got projective identification try and sort out what the patient thinks you're like, how the patient's prompting you to be like it, but do keep in mind that you don't have to, otherwise the two of you are lost. So there is a "no" situation.

JOHN STEINER: Yes I think these, some of these are *your* terms rather than Rosenfeld's.

RON BRITTON: Are they?

JOHN STEINER: You know, but I think you described the different functions of a projective identification, you know, for example acquisitive as opposed to expulsive. And I think they're very important, but I thought that the issue that Deborah raised was, I think – I often thought that Klein conveyed something very kind and very attentive, and that she was always extremely attentive to the patient, and I felt that very important was her idea that, behind this was not just an attitude to the patient as a person, but a respect for the patient's mind, and for the patient's individuality. And if that's part of your analytic attitude, then that's a very containing setting, within which, I think, the patient can put up with all kinds of slightly frightening and unusual, and difficult thoughts. Of course, they can also put up with wrong, with overvalued ideas, so it remains a problem, but I thought the facilitating nature of her basic interest in the patient was central. Anyway, that's just...

MICHAEL FELDMAN: Can I just... Just to take up the point that Irma was making, because I found that helpful: if one thinks in terms of a triangular situation, and the notion that the "no" is coming from some figure or some part of the analyst represented schematically by the father, it seems to me that – I mean, one doesn't want to idealise it – but it maybe absolutely essential for the patient or for the infant to feel that something does get through, and get into the object, and affects the object, and that there is then a figure or a part of the person that is able then to say, "Hang on a minute, I'm not putting up with this," or something. I think, I mean that is the paradigm, and of course that is I think the model that we, that has evolved more, the notion that a part of the, part of the analyst that is able to register what has been evoked or stirred up, or even some bit of enactment, and then to recover from it. I mean it's a point that, I think, Ron has made: the important thing is not to wear a suit of armour so that nothing gets through, because that would be very destructive, but to allow oneself to be affected up to a point, and then to recover and to learn from it; I think that's... And that is, one could say – the paradigm is that that is the paternal function that needs to be incorporated into one's way of working.

JOHN STEINER: But I think there's no question whatever that Klein presents that. You see, the idea that she thought you say no and block and emotional reaction, that's far from her; she says the analyst must be emotionally available, and that you can't be a scientist. So she was, without any ambivalence whatsoever, saying you must first allow the emotions to register, only subsequently – otherwise you're a brick wall kind of analyst, and I don't think there's any hint even that she was a brick wall analyst. I think that's a red – you know, that's a straw man that we're trying to shoot down, although I think it can be read in some of her statements.

HELGA SKOGSTAD: On the question of this "no" and her technique, but I found quite interesting this little example about what she discussed in the seminar, this



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patient who was psychotic whom she saw in Berlin; she said well she did not examine her countertransference, but in a way you could say that she was frightened and it made her remember that this patient told her how persecuted he was, so in a way she responded to something she felt by remembering that, I did think though, it's a kind of "no" but still it's there in what she does and what she says. And then I was quite intrigued that she just said to him that he was afraid because she had the power to send him back to the asylum, which feels a very kind of, absolutely, maybe, picking up his anxiety but without these interpretations about chopped-up things and his aggression; though it may be, because he was psychotic, she just chose a different level and picked absolutely up his anxiety without going into very chopped-up images. But I found it quite intriguing that she would say something so concrete, in a way, referring to the external as well there.

JOHN STEINER: Yes, I think she was trying to make a point about being practical and observing, and not getting lost in the countertransference, but I quite agree with you that she did use the countertransference to focus on his anxiety, and she didn't deny that she was frightened of the patient. I mean, as always I condensed this; in fact, Klein was rather annoyed at having to see this patient. Apparently it was some senior colleague who went away on holiday and said to her, would you see Mr X while I'm away, and to her horror she found she had a psychotic patient she was, sort of, babysitting, and I think quite wanted to send him back to the asylum.

FRANCIS GRIER: Actually I was going to make the same point Helga did, and I do think it's been interesting, the discussion, that, in terms of how Irma was putting it. You know, the "no" seems to come from – you could think of it as a paternal "no" but a mother who does let the affect through, and is affected, and tries to think about it, or in terms of what Ron was saying, you know, that she said no to colonisation. Interesting that what she says she says no to, is no to communication. But my feeling is that she got that wrong, you know, because, as is coming out of this conversation, I mean, she *did* get a communication, and she responded with a communication that seems to have made sense of that. But the other thing is, I was thinking about, is this very didactic stance and the sheer, sort of, authority that she has, and you know, as Debbie says well, you know, she was an extraordinary person and we're not Mrs Klein, but also, there's a sort of cultural atmosphere within psychoanalysis and, of course, not just within analysis, that has changed so much; I mean, she, at that time, did feel that she *could* talk, perhaps she *should* talk – I mean, I think John talked about what she was tasked with by the patient, that somewhere there was an expectation to talk to the patient with real authority: she had something to say, she was expected to say it, and she did. Now I do feel the pendulum has really moved hugely now, so that we are, rightly I think, quite anxious about doing that, and about intruding and being overbearing to the patient, what you, John, were talking about, the dangers with the compliant patient. And so, we're sort of better off not doing that, we think, except that then when we look at this material it's very challenging, I think, because we can feel that we are really missing something; there's a sort of colour and sheer... There's a thing about the concrete nature of things; there's something about the kind of mythological aspect, the phantasy aspect, which comes out with such, with such strength and intensity in this, and I can help feeling that our way of talking to patients, and the way that we think we should talk to patients – thinking about that superego from our colleagues that you were talking about, you know, there's something just a little bit weak and colourless, and even a little bit flaccid, perhaps, sometimes, about the way we operate compared with the way she used to



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operate. It's very challenging because we, I don't can easily think that that's quite right to go back to how she did it, but I think it can give us a really helpful kind of critique as to, you know, what we may have lost.

I do just, sort of, also want just to put in that there's something about the, kind of, primitive pictures of hatred and butchery, and this kind of thing that has come up, that also at that time was around, you know; it's not such a long time from Stravinsky writing *The Rite of Spring* about a young woman being sacrificed, about Picasso's paintings. There was sort of, stuff going on that – Bartók wrote *The Miraculous Mandarin*, a ballet about a man being cut to pieces in front of the audience, by a prostitute, you know, there's an extraordinary sort of cultural time at that moment, when these kind of primitive fantasies were just being evoked, were being portrayed in our... So there's a sort of way in which, the way Mrs Klein thinks, you know, she *is* of her time in that way and, again, I think it's just not so extraordinary when you look at it within that frame, and again I think we've probably lost something.

JOHN STEINER: I think – could I just take up one issue, because I think there's a debate to be had about this sense of authority. You see, I've claimed – and I may have over-claimed this – that she did not speak to her patients with authority. She certainly, I think, spoke with her colleagues with authority, and always felt she had a fight on her, but my view – and I don't know that I'm sure about this at all – was that she always approached these images in an enquiring way, in a non-authoritative way, as if she was sort of saying, "Look, I have this image; what do you make of it?" And I didn't think she was ever, sort of, pushing something down the throat of a patient. However, she clearly was a woman of some authority, and whether the patient saw her in that enquiring way or not, is an open question. I think we're, certainly, I think rightly, concerned that we can develop an authoritarian approach, which I think we would see as bad analysis, and I think she would – it would be contrary to the psychoanalytic attitude that she outlined. But of course, she may fall into doing that nevertheless.

No, well I wouldn't have thought that, but I do think she – I find myself wanting to say to you, well, other people I've mentioned, Béla Bartók was apparently one of the most mild and friendly of men and yet, you know, his music is full of, you know, this quite extraordinarily authoritative description of absolute chaos and destructiveness. And I think that's probably what Melanie Klein was like. I think that's probably what you're getting at, you know, that she – *she*, I don't think, comes across to me at all as authoritarian, but she did have the authority inside herself; she sort of gave herself the permission, as I think did Freud in the way that he spoke and wrote – took, you know, not to hold back in coming out with extraordinarily strong pictures. And I don't think we quite have the confidence to do that at the moment.

PRISCILLA ROTH: Going back to the point that Irma made before, and about "in the old days," and I was there a few years after you, not many, and in a way one was sort of invited to make such interpretations. If you made them, they came from nowhere; they came from out of a book. It's then I'd want to think about what Martha said, because I don't think you can make an interpretation, realistically, to a patient, about broken-up bits of meat – their experience of broken-up bits of meat, their objects inside themselves – unless you know what it feels like. And I think what John is talking about, that that's the image that comes, when that is the experience you know what it feels like inside, that's the only time you have a right, in a way, to make



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such an interpretation to the patient, which may or may not resonate with the patient, and then one pulls back a bit. But it can't be because Melanie Klein makes it or because the book says you should make it; it *has* to be from experience. And I think Francesca was next.

FRANCESCA RAPHAEL LINCOLN: What I want to say probably belongs about five comments ago, but it was to do with this “no”, and I was thinking about not just what we've lost, which I think is very helpful you've brought us back to John, but also what we've gained. And I was thinking about the problem of: what if you're saying no and you're not conscious of it? And I suppose that's what I feel is something I'm always having to think about, but it's a more contemporary thing perhaps; it's when we're saying no and we don't even know we're saying no.

RON BRITTON: I want to go back to the questions you were raising about the primitive, which were being explored at that time. Now, Klein wrote a fascinating paper – because after all, her whole, the whole of Kleinian analysis is based on the analysis of children, and we shouldn't forget that; it transformed the analysis of adults. And there's a fascinating paper she wrote in the mid '20s – I think it's called, 'Delinquency: Analysis of a Delinquent Child'. Actually it's about three children, one of whom she describes as seriously delinquent, another whom she describes as neurotic and inhibited, and the third she describes as relatively normal. A comment she makes about that – because she does all her usual technique – is they have very similar fantasies; they have fairly horrific cannibalistic and murderous fantasies, these three children. And she then compares them with a current case of serial murder and cannibalism that was taking place in Germany at the time, and adds the interesting comment: the fantasies and the play of these children seem very similar; what made the difference? And I think we still have to address that sort of question, and it's a great strength of hers that she can say yes, well these so-called fantasies exist universally; it's our relationship to them that matters.

And there's another aspect to that. Sublimation was regarded as the cure at one point, I think, in analysis. I think she substituted for that – though she embraced it – reparation, which is a new concept of therapeutic intent, and I suppose Bion added containment as a third major one. And I'm glad she did that because I'm not impressed by sublimation; you see you can say, well, ok, we don't chop anybody up, we'll just have a tea party, and somebody's terribly rude and chops up somebody, everything they actually say and their personality. Well it's not the Middle East, and nobody's actually being murdered but is it really so different? Its effect isn't so different, actually, you know. If something is so-called symbolised and sublimated, it depends how it's done. It can be done with murderous intent in the nicest verbal way, and it has the same murderous effect, and it has the same murderous consequences and the same guilt. So I do think she very powerfully makes a link between what can be extremely forensic and pathological, and normal life.

PENELOPE CRICK: Thank you, I was just going back to what John had said about the, you know, the sort of idea that people have about Mrs Klein's technique and the way she worked, and how there's this sort of straw dog – this straw man – of this very direct, very sort of outspoken way of relating, which maybe was how she was with colleagues but not with patients. And I was just thinking how particularly good we are in this Society at deciding on a fact of how somebody is, and it's part of the reason why a meeting here is easier than a meeting at the Society, because it's felt



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that there's a different sort of superego floating around, and it's... And I was just reminded of a very first seminar at the Institute when I was doing the training; I think Irma did a series of seminars on introduction to psychoanalysis or something, and Irma, you will know the story much better than I can remember it, but she's asked us, "What do you think Mrs Klein said when a patient came into a session during the war and said, I've just had terrible news about a member of my family?" and we all tried to be terribly good and sort of say what we thought the deep transference interpretation would have been, and I think, if I'm right, Irma said, "She said, 'this is no time for analysis my dear, just sit up and have a glass of sherry'."

PRISCILLA ROTH: Well, I think on that lovely note...

**END**