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Book review: *Encounters with Melanie Klein: Selected Papers of Elizabeth Spillius* by Elizabeth Spillius (2007, Routledge)

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This is a fine book, both as a refreshing and illuminating account of Melanie Klein's thinking, and as an expression of Elizabeth Spillius's own attitudes to and work in psychoanalysis.

Spillius has done something that few analysts do, which is to spend time in an archive. She has discovered in the Melanie Klein Archive a version of Klein that is considerably at odds with her reputation and image at least in some quarters in the British Society and beyond. According to the image, Klein often interpreted at great length, with little hint of uncertainty. Some of her writing gives an impression of dogmatism, and of interpretation focussing on the negative transference. This image is produced partly by aspects of her published work, partly by her need to fight for her place as a (or as she felt, 'the') genuine inheritor and developer of Freud's thought (and to avoid, during the controversial discussions and beyond, being treated as a heretic), partly by the fact that Kleinians were sometimes more Kleinian than Klein, partly as a result of projection and anxiety from others.

Spillius shows Klein to be more tentative, both in coming to theory and in her clinical work. In a lecture, Klein describes the analytic attitude: she emphasizes (p 71) the need for "a combination of eagerness and patience in which the analyst is both detached from and absorbed by the patient, humble but confident"; (and the need for) "balance: between interpretation and listening ('leaving room for the patient to express fully his or her stories'), between ego and id, between rigour and flexibility; between the transference situation, the remembered past and the unconscious past; between waiting on the one hand and relieving anxiety as soon as possible on the other. There is so much besides interpretation which the analyst does" (p 77).

We hear too of Klein's view that it is an important part of a transference interpretation that one should link with the past: "It cannot sufficiently be stressed and conveyed to the patient that transference phenomena are to be linked with the past" (pp 92-3). Klein continues: "... the old concept that transference means a repetition from the past seems to have correspondingly diminished. One hears again and again the expression of the "here and now" which, though not out of place, is often used to lay the whole emphasis on what the patient experiences towards the analyst and leaves out the links with the past".

Spillius goes on to comment at length on this, and points to three ways in which Klein uses the notion of the past. One is to refer to the patient's conscious memories; secondly the past involves 'what I call her ideal-typical model of the conscious and unconscious developments of infancy conceptualised, at least by the late period of Klein's theory, in her ideas of the paranoid-schizoid and depressive positions'. And third, particular aspects of the past, particular 'situations', are 'lived out in the daily



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experiences of the transferences', and Klein thinks of "the totality of these many situations as the 'total situation'" (p 103). Spillius comments that she thinks 'all these three definitions of the past have continued tacitly in the work of current Kleinian analysts...In much current work, however, there is even more stress than Klein gave on the living-out of the patient's past in the transference' (p 103; also pp 55-57).

Klein warns also against jumping too quickly to interpretations about the breast – one way in which the link with the past can be misused. She speaks of 'the Scylla of not linking at all with the past, and the Charybdis of linking it straightaway with the breast relation (p 93).' An example is given of a clinical seminar. After she had queried "why the candidate had not made transference interpretations in the full sense, somebody else suggested 'One should, shouldn't one, link that with the breast disappointment?' Now the instance in question was that the patient was deeply disappointed by having been allotted to a younger analyst ..., whereas of course she wanted to be analysed by the senior analyst by whom she had been first interviewed". The past to which she felt the candidate should have referred in the transference interpretation was that represented by the idealized father, who, like her 'unsatisfactory' boyfriends, disappointed her.

In Spillius's book, Klein comes across as an analyst who is constantly curious about the patient and his or her idiosyncratic mind, and about how the mind works in general. Klein had a basic idea of infancy that each person expresses in his or her own particular way (the 'ideal-typical infant', see pp 57-60). Today, Spillius suggests, we don't follow this idea in quite the way she did; we are more likely to follow the Ps ↔ D model, a practice which goes along with the current tendency not to phrase interpretations in terms of anatomical part-objects (p 60).

Spillius describes Klein as struggling to link clinical ideas to theory, and often not succeeding in doing so in a clear way – this perhaps being one source of the view that she can be dogmatic. One might say that the published works are written in a formal style rather typical of the time. The notes in the archive are naturally more informal, notes to herself, notes for lectures, often ideas, hypotheses, possibilities.

Another reason why the style of papers written today has changed from that more prevalent in Klein's time is a more substantial one: the belief initiated in the 1950s by Heimann, Racker, Money-Kyrle and Bion, that countertransference can, with care, be used as evidence for what is going on in the patient or between patient and analyst, is now more generally held. So reference to one's own doubts and fantasies in the account of a session is not necessarily, on this view, an indulgence, but important data that needs, like any other data, to be critically thought about. Spillius makes clear that this is the topic on which contemporary Kleinians have most strikingly shifted from her views. For despite saying (p 78) "the patient is bound to stir certain feelings in the psychoanalyst, and this varies according the patient's attitude, according to the patient, there are of course feelings at work in the analyst which he has to become aware of", Klein continued, "I have never found that counter-transference has helped me to understand my patient better. I have found that it helped me to understand myself better" (ibid).

Klein herself wrote about the hardening of some of her views into orthodoxy: "There was a time when I felt very badly because my work on bringing out the problem of



aggression led to the result that there was nothing but aggression. I was quite despairing. Whatever I heard in seminars, in the Society, it all was aggression aggression aggression...the point is that aggression can only be tolerated when it is modified, mitigated, if we are able to bring out the capacity for love” (p 81). Spillius goes on to say that ‘we know from James Gammill that Klein felt the same way about some of her students’ indiscriminate use of her concept of envy’. (This reminds me of Brenman’s idea about the good object relationship being necessary as the container for the difficult bad object relationship (Brenman, 2006).)

Overall, Klein comes across from the material in the Archive as more humane than she sometimes seems to be; as (in Spillius’ own words, p 86) ‘a remarkable woman, sensitive, courageous, endlessly curious, occasionally stubborn to the point of prejudice – a great clinician and in spite of herself a great theorist’.

The editors refer to Spillius as the Boswell to Mrs Klein’s Dr Johnson, and I think this is apt, though, unlike Boswell, she hardly knew the person whose work she has so brilliantly illuminates. But there is another analyst revealed in the book who has remarkable qualities, and that is Spillius herself.

In chapter 1 (pp 7-24) she gives us a personal history, of her intellectual life as an anthropologist, and then of her undertaking the task of learning to be a psychoanalyst - something very different. She shows how she came to connect the two disciplines. This chapter is a work of both personal and intellectual integration.

I was curious about one thing she says anthropology tells us (p 2): that it is ‘impossible to make a good study of a group that one is deeply involved in’. In fact I think this is just what Spillius has done in this book; she has studied her own group, and her place within it. CLR James (1963) said about cricket: what do they know of cricket who only cricket know? And one might say the same about any field, including psychoanalysis, or indeed, more narrowly, Kleinian psychoanalysis. Spillius, with her capacity for learning from others (including non-analysts), is able to get a remarkably balanced view of her own group, passionate but dispassionate, knowing where she stands within Klein’s tent while aware of those looking in on it with both jaundiced and more properly critical points of view.

Psychoanalysis may differ from anthropology in many respects, but for Spillius there are important similarities too. ‘Without quite realising it, I think I have adopted a method in psychoanalysis similar to the one I used in anthropology. I start with what appears to be happening in the immediate situation of the analytic relationship, but with memories of other situations inevitably present, in spite of Bion, if possible in the back but not the front of my mind. I find myself making tentative lateral comparisons, which may or may not lead to some sort of new link. The outcome is unpredictable’ (p19).

She also comes over as thoughtful, balanced, insightful, caring and detached in the clinical papers and theoretical papers which occupy Part Three of the book (pp 129-221). She has chapters on the negative therapeutic reaction, on varieties of envious experience, on the concept of phantasy, developments in Kleinian technique, and on recognition of separateness and otherness. Both in her interactions with patients, and in her writing about them, she conveys a directness and simplicity that is both



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admirable and deceptive, for she says difficult things plainly and clearly. She writes modestly and honestly, being tentative when making a hunch, but firm when convinced. She can say things sharply but without judgementalness or criticism. She is a most unnarcissistic person, not easily phased, one senses, either by negative or idealizing transference, both as an expounder of others' views, and when expressing her own. This is what patients must come to see in her, just as the reader will pick it up quickly from the style and content of what she writes.

I have space only to discuss one of these papers, and I have chosen, arbitrarily, the one on the negative therapeutic reaction. Spillius starts with Freud's introduction of this concept, in 'The ego and the id' (Freud, 1923). She establishes that he offers one line of explanation, that it is to do with narcissism and envy – that “one begins by regarding this as defiance and as an attempt to prove their superiority to the physician” – but “later one comes to take a deeper and juster view” (p 129-130), viz, that “we come to see that we are dealing with what may be called a ‘moral’ factor, a sense of guilt, which is finding its satisfaction in the illness.” On the basis of both theoretical and clinical thinking, Spillius comes to the conclusion that Freud's first idea more accurately applies to his description of the clinical phenomenon that he conceptualized as negative therapeutic reaction, while his second idea fits better a wider range of ‘resistance and negative reaction, of which the negative therapeutic reaction is only one. Further, when patients dominated by unconscious guilt *do* show a negative therapeutic reaction, it is likely to be considerably disguised and defended against’ (p131).

She then offers two clinical examples to support her conclusion, itself derived both from her elucidation of the elements involved and from the clinical cases given in the literature (p 133). She sees her first patient (the one with the clear negative therapeutic reaction) as like Rosenfeld's cases in that an ‘omnipotent, arrogant aspect of the self makes an envious attack on the analyst and on a trusting, infantile part of the self which has been allowing progress to occur in the form of letting itself be helped by the analyst’. Her patient had, in a new manner, finished a piece of research, allowing himself to be helped by the analyst. He has been complimented on it by others. He then began to ‘feel worse and worse (p 134). ‘He was fed up with me and analysis... he had a sudden fantasy, which he described as grandiose... I said he was telling me this plan in a way perhaps designed to lure me into making some sort of punitive interpretation about omnipotence... He proceeded to talk about something else as if he had not heard what I had said.’ He then had a dream in which a close friend, Mario, had failed to invite him to his marriage. The analyst interpreted that Mario represented the part of himself that had come into contact (‘marriage’) with her; and the non-Mario part of himself felt left out of this growing alliance between Mario and herself. She says: ‘he was gradually able to recognize himself in the qualities he attributed to me and his mother – especially his narcissistic self-centredness and his grudging attitude towards his own and my enjoyment of the analysis and of his success’.

Her second case is of a woman ‘dominated by conscious and unconscious guilt, but showing a hidden and defended form of negative therapeutic reaction’ (p135). She was ‘more likely to nip a negative therapeutic reaction in the bud... by not having enough therapeutic improvement for there to be a negative reaction about.



In the description and discussion, Spillius subtly, tolerantly and toughly analyses her patient's depression, guilt, and the concern that partly gave rise to the guilt. She also interprets her patient's hiding the negativity which was a reaction to improvement as also being a wish to keep from awareness her envy and aggression. Spillius emphasizes both the difference between the cases, and the fact that, as Freud suggests, 'unconscious guilt stops patients getting better'. 'In the long run, chronic resistance and the negative therapeutic reaction are not so very different from each other' (p 139). She concludes: 'where Freud suggested one clinical phenomenon, I would suggest two: an open and a hidden negative therapeutic reaction. And where Freud suggested one explanation I would suggest two: envy and narcissism associated with the open negative therapeutic reaction, and unconscious guilt associated with the hidden negative therapeutic reaction' (p 139).

I'll finish with a quote (p 192) to show the ease and wit with which Spillius moves with clarity within a dense set of ideas: 'Freud, Bion and Sandler all warn against having too set an idea of what one *should* see. I would rephrase this somewhat: I think it is when one is preoccupied or troubled about what one should see that one's receptiveness is most likely to be disturbed. Further, psychoanalytic work involves both uncertainty and clinical responsibility, a difficult combination which can foster both anxiety to conform and a determination to be original, neither of which is a good basis for impartial curiosity... It is my belief that the analyst should work from a double perspective. His readiness to focus on the interaction of transference and countertransference involves a form of what anthropologists call 'participant observation', that is, an emotional involvement and interaction with the patient which is, however, combined with the study of that involvement from an outside perspective. One hopes, as James McLaughlin felicitously puts it, to achieve binocular vision not double vision'.

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