Melanie Klein formulated the depressive position in 1934–5. The infant takes a major step forward in its development from the paranoid cycles and states during the first six months of its life. This idea is central to all later developments in Kleinian psychoanalysis.

Children are anxious at the scale of their own aggression, and this anxiety had previously been seen as a function of the super-ego, in line with classical psychoanalysis (see Chapter 4). However, Klein now began to describe guilt in terms of object relations: aggression means attacks on objects, which are damaged or die; and concern is felt for the object's state. This contrasts with the self-orientated anxiety of the paranoid cycles - a fear for oneself at the hands of persecutors. Klein began to use the term 'paranoid position' for these states to make the contrast with the depressive position. She described that contrast between the two positions in her comments on one of the cases discussed in the last chapter (Attacked by worms, p. 62).

While the paranoid anxieties predominated and the anxiety of his bad united parents prevailed, X felt only hypochondriacal anxieties for his own body. When depression and sorrow had set in, the love and concern for the good object came to the fore and the anxiety-contents as well as the whole feelings and defences altered. (Klein, 1935, p. 274)

Here she is pointing to a move from fear to concern. That crucial step is the entry into the depressive position. We must look in detail at how 'love and concern [come] to the fore'.

Crucially, objects are no longer purely good or bad – threatening or protecting – as in the paranoid states. For instance, in the example Attacked by worms, the patient had a dream of a detective who was a helper against enemies at one moment, and at the next was in alliance with those enemies. That black-and-white division between helpers and enemies is characteristic of the paranoid position. It is termed splitting of the object – either the object is felt to have all good aspects, and none of the bad; or it has all bad aspects, and no good ones.

In the depressive position these sets of qualities and functions move towards a more realistic mixture. Therefore, mixed feelings towards them arise – like anger plus remorse, which we have already seen in so many of the worried children and adult patients in our examples. Klein argued that the success of this step into concern and mixed feelings depends entirely upon the process of internalizing a good loving object, producing an internal state of well-being. If the good internal object is felt to be possessed for all time, as in the example Identifying with a 'good' object (p. 71), it gives strong support and confidence when the subject is under stress.

The specific new anxieties, feelings, object relations and defences develop as the infant begins to feel for the object, and becomes less egocentric. Typically the anxiety that is felt is a fear of damaging a loved one. The feelings are characteristically ambivalent; hate being transformed by the infant's own love into remorse. Objects become threatened, or damaged, and that brings out concern for their suffering. Relationships with objects then begin to allow more separateness; less control (omnipotence) is demanded. And defences (typically the manic defence) which operate against anxiety and remorse are different from the primitive and violent ones previously described against the paranoid fear of being persecuted.

Sadness is a profoundly painful human emotion. It is important to distinguish sadness (a feeling central to the depressive position) from clinical depression. Often Klein is criticized for confusing the two states by using the term 'depressive position' for sadness and concern. All this work has descended as a continuous stream from Abraham and Freud, and their work on manic-depressive illness. Freud particularly distinguished mourning from melancholia. Klein's view of this distinction was that sadness related to feelings about the damaged loved object, both the external object and the internal one; whereas depression is a more complex and paranoid state. Clinical depression protects against the poignancy of sadness.
and concern: the subject identifies with the damaged object and then protests at the suffering state the subject is now in. All attention is focused on the state of the self, and away from that of the object that might otherwise evoke concern, guilt and remorse. Thus the anxiety of the depressive position is abolished by reversion to paranoid states - this is one form of paranoid defence against depressive anxiety (see below).

THE INTERNAL DRAMA OF THE DEPRESSIVE POSITION

We have met the next patient before (see *Attacked by worms*, p. 62). His unconscious phantasies expressed through his actual medical history when young - having worms - had resulted in considerable paranoid anxiety that something bad was harming him, eating him up inside. These worms were intensely evil, and even corrupted his helpers (remember the dream of the analyst/detective). Klein then described the progress of the analysis as the patient was emerging from his paranoid and hypochondriacal states. In the example below we will concentrate on the anxiety and feelings associated with the depressive position.

**Example: Concern and depressive feelings**

The analysis of this patient, X, progressed, and his distrust of the analyst - who, he felt, had fallen under the influence of the bad objects (worms) inside him - began to diminish:

... the patient became very much concerned about me. X had always worried about his mother's health; but he had not been able to develop real love for her, though he did his best to please her. Now, together with the concern for me, strong feelings of love and gratitude came to the fore, together with feelings of unworthiness, sorrow and depression.

Note the significant link in the patient's progress: new feelings of anxious concern came together with real love and gratitude.

... In his analysis he went through phases of deep depression with all the symptoms characteristic of this state of mind. At the same time the feelings and phantasies connected with his hypochondriacal pains changed. For instance, the patient felt anxiety that the cancer would make its way through the lining of his stomach: but now it appeared that, while he feared for his stomach, he really wanted to protect 'me' inside him - actually the internalized mother - who he felt was being attacked.

We must remark once again on how the change in his feelings for others - mother and analyst - coincides with a change in his relations to something inside him. His concern for his mother was matched by his concern for something he called his stomach, which was being damaged by cancer. The new anxiety - a fear for his helping object - was felt both for the external object and also for one inside him, his stomach. Inside, it is attacked by a hostile internal object, the cancer (or worms). Here internal objects are described as in conflict with each other. One internal object, his stomach connected through his associations with the mother/analyst, needs protection from another - a cancer, or worms. And with that comes the crucial change from paranoia to concern. This new crucial anxiety focuses on the preservation of the endangered and loved object.

If a person's aggressive impulses are strong, unconscious phantasies are experiences of attacks upon objects, parents, and so on, who are thereby damaged. When they are mingled with hatred, love seems weaker and threatened, and so do the loved objects. However, because they are also loved, it gives the characteristic agonized position in which the person fears for those who are under attack. We have seen examples where conflicted and paranoid states are internalized in hatred - that is, with biting and damage; then the internal state is very troubled, because it now contains an object that may be hostile (as in the paranoid states of the example of The man who assaulted his buttocks and *The woman with a devil inside* - pp. 66, 74). If, instead, love is mixed in, then the object may be experienced as damaged, insecure and no longer capable of giving protection and well-being. It is this damaged internal object which gives the characteristic mixed feelings of the depressive position. We will look at this in the next example.

These internal dramas (unconscious phantasies) have profound internal consequences - one is that the sense of an internal and permanent well-being (see *Identifying with a 'good' object*, p. 71).
MELANIE KLEIN’S CONTRIBUTIONS

is never properly secure. In the next example we follow Richard, the boy in the example *Identifying with a ‘good’ object*; but now his good internal object becomes shaken. It is shortly before the end of his psychoanalysis, and this prospect arouses considerable anger and anxiety in Richard. The evidence in his play is that he attacks his psychoanalyst, but what actually happens is that he feels pain inside him as attacks and potential loss of the external good object result in a loss of the security and well-being provided by the corresponding internal good object. The internal one, too, must have been attacked.

**Example: The insecure internal object**

Here is part of another session with Richard, the ten-year-old boy, who figured in *Identifying with a ‘good’ object*. This is the 92nd session, just before the psychoanalysis finished at the 93rd:

He made angry sounds representing the trains whenever they came near to each other. The play centred on avoiding collisions between the trains. They were often quite near to colliding, but Richard always prevented the disaster at the last moment, this conflict visibly giving rise to great mental strain in him.

By this point in the analysis, the collisions of the trains were understood by both analyst and patient as collisions between people. We can therefore see Richard anxiously at pains to avoid any such collision. Does the play represent the psychoanalytic situation itself? We could begin to wonder if Richard is bothered about a ‘collision’ between himself and his analyst, who will be departing the next day. Is poor Richard intent on preventing himself from having a violent quarrel with her?

During this play Richard repeatedly made suggestions about changes of times, choosing particularly times at which he knew quite well that Mrs K saw other patients.

Clearly he is preoccupied with continuing to see her, but he tries to do so in a way which the analyst cannot help but deny him. In his requests for different times, Richard is seemingly provoking a deliberate clash. You can see at one and the same time how he contrives near-collisions in his play, and also contrives clashes in his request to the analyst:

**THE DEPRESSIVE POSITION**

Mrs K said she could not arrange the times he asked for but offered alternatives. Richard, at one moment when both trains were standing in the station, suddenly said he felt unwell and had a pain in his tummy. He looked pale.

The dangerous relationship expressed in the play, and then in the relationship with the analyst, is now superseded by a pain inside him. Suddenly he is occupied by an internal situation, inside his tummy.

Mrs K interpreted the station as Richard’s inside. He expected all the time a collision inside him between the electric train, containing Mrs K and the good Mummy, and the hostile goods train, standing for all the angry patients and children from whom Richard wanted to take Mrs K away and run with her to his home town.

When Mrs K refused his requests, his protective concern seemed to become inadequate and the stressful clash was immediately internalized as an actual internal pain.

The internal situation, expressed in the toy station, contained a potential violence between the analyst (felt as his mother) and angry children who felt they were going to lose ‘Mrs K’. This is slightly complex. Richard’s anger at losing ‘Mrs K’ was represented as the anger of rival patients, while he, in phantasy, fulfilled his wish to run away with her (to internalize her). The complexity here is that the anger, and his wish for her, remain unmixed—the anger is attributed to his rivals. We will have many opportunities in later chapters to become familiar with this form of attribution to others (projective identification). Here it represents a way of avoiding the full intensity of his fear for ‘Mrs K’ which is causing him such mental strain:

The collision between the good objects and what he felt to be bad ones (because he had attacked them and wanted to deprive them) was also a conflict between one part of himself felt to be good and allied with the good object and the hostile part of himself allied with the objects felt to be bad. (Klein, 1961, p. 461)

In a sense Klein, in this later quote, is modifying the interpretation she gave at the time. However, the original interpretation of the conflict in the toy station, in the consulting room and inside Richard’s tummy was sufficiently accurate, it seems, since it brought the following response:
Richard said, looking at Mrs K in surprise, 'The pain has now gone - why?' The colour had come back into his face.

This example shows once again the internalization of objects; a conflict between those objects inside, and thus an endangering conflict - one which leads to a pained internal state. The internal sense of well-being gained in the previous example, *Identifying with a 'good' object* (p. 71), is lost and becomes a pain instead, as the good object comes under threat. The threatened external object (actual loss of 'Mrs K') leads, through the hostility, to a similar condition of the internal one, together with a pained sense of responsibility for the violence which had to be disowned.

Phantasies in the depressive position are preoccupied with damage to objects, with responsibility, regret and guilt, and with a new impulse - the wish to repair the objects. The shakiness of the internal object provokes an attempt to make good that damage, and to effect a repair. At times, however, the prospect may seem hopelessly vast, arousing great stress and distress.

REPARATION

Reparation, to which we will now turn, is both an important impulse and a crucial outcome of the depressive position. The pain of guilt, loss and concern is turned into constructive effort of an altruistic kind. In the phantasies of the depressive position, the complex of damage and concern brings remorse, the form that love takes for an object when it has been damaged. This remorse, in turn, contains within itself the wish to repair the damage. It is often said that Klein was pessimistic in tracing the root of remorse, concern and altruism to aggression; but it is really just as much a result of love - of the interaction of love with hate, aggression and fear. Of course there are many other forms of love: gratitude, appreciation, joy, are some of them. All these are generous attitudes towards the object. They are not simply the love of personal satisfaction or security, though that does also continue on from the earlier positions of the infant, but the forms of love now become various mixtures. The depressive position is a moment in which a major differentiation of these forms of love begins to flower from its interaction with anger and aggression.

In the next example the patient (an adult) was driven, from hate at his experience of his parents as a sexual couple (the Oedipus complex), to attack them and their relationship. His concern, remorse and subsequent efforts to look after them came immediately to the fore.

*Example: Damaged parents*

This man had a dream of his parents, and Klein goes through the associations to the dream in great detail. In the dream:

The patient felt that he was 'managing the whole thing', taking care of the parents, who were much older and more in need of his care than in reality. The parents were lying in bed, not side by side, as they usually did, but with the ends of the beds joined together. The patient found it difficult to keep them warm.

The dreamer's protective worry - he wanted to keep his parents warm - seems to be connected with having disturbed them: that is, he damaged their relationship by separating the beds - splitting up their intercourse - and is now concerned and fearful for them:

Then the patient urinated, while his parents were watching him, into a basin in the middle of which there was a cylindrical object. The urination seemed complicated, since he had to take special care not to urinate into the cylindrical part. He felt this would not have mattered had he been able to aim exactly into the cylinder and not to splash anything about. When he had finished urinating he noticed that the basin was overflowing and felt this as unsatisfactory. While urinating he noticed that his penis was very large and he had an uncomfortable feeling about this - as if his father ought not to see it, since he would feel beaten by him and he did not want to humiliate his father.

One striking feature of the dream is the rivalry - between the patient's penis and his father's. The dream can be said to stand for a wish to be bigger than father, but he also regretted that wish and sought to prevent it.

At the same time he felt that by urinating he was sparing his father the trouble of getting out of bed and urinating himself. Here the patient stopped, and then said that he really felt as if his parents were a part of himself.

The rivalry with the father is clear in the comparison of penises, in the danger to which the 'cylindrical part' was exposed, and in the
humiliation (pissing on) that he feared father and the parental couple were subjected to. The poor damaged father was beaten in the rivalry, and father's relationship with mother was disturbed (by changing the beds to an end-to-end position). The tension of the situation is created by the patient's regret at the condition of his parents; he feels responsible and wants to protect them. We notice again, at that point of stress, the internal quality to the situation; he had internalized it and then experienced, partially consciously, that these parents were a part of him.

Anxieties about the damage done to the parents continued. More associations emerged about harmed objects (the parents) and his regret and concern:

In the dream the basin with the cylinder was supposed to be a Chinese vase, but it was not right, because the stem was not underneath the basin, as it should have been, it was 'in the wrong place', since it was above the basin - really inside it.

The cylinder in the wrong place could be linked to the parents in bed together; he felt that they were in the 'wrong' place because he wanted to separate his parents (keep the cylinder out of the bowl, put their beds end to end instead of together). These anxieties continued:

The patient then associated the basin to a glass bowl, as used for gas-burners in his grandmother's house, and the cylindrical part reminded him of a gas-mantle. He then thought of a dark passage, at the end of which there was a low-burning gas-light, and said that this picture evoked in him sad feelings. It made him think of poor and dilapidated houses, where there seemed to be nothing alive but this low-burning gas-light.

Listen to the concern and sadness; they are very poignant here - the darkness and low level of light and life are fairly clear metaphors, symbolizing his sense that his loved objects - parents, his home, and so on - are becoming faded and dilapidated. After the aggressive rivalry we then hear about this sadness at the sorry state of his objects.

The narrative (unconscious phantasy) emerging from the dream comprises his rivalry with his father, which led to 'managing' the situation by separating the parents and 'pissing on' them, with the subsequent remorse and responsibility, mixed with poignant sadness and concern for them, which finally led to the re-creation of an internal state of debilitated life within himself. His further associations indicate something of the fears that keep this situation going:

It is true, one only had to pull the string and the light would burn fully. This reminded him that he had always been frightened of gas and that the flames of a gas-ring made him feel that they were jumping out at him, as if they were a lion's head. Another thing that frightened him about gas was the 'pop' noise it made, when it was put out.

I think the patient's dilemma is that he could bring the whole situation back to life again, but if he does so, out pops a lively set of parents who will be back together again and frighten and endanger him - the jumping-out lion's head and the 'pop' noise. It seems that his dilemma is that he cannot bear his parents in a lively union together, but if he separates them he suffers an equally painful remorse, sadness and concern. This range of feelings, which unfolds as a narrative drama, is felt to be so real as actually to move the patient emotionally, both in the dream and in the thinking about it in the analytic session.

Klein then made an interpretation:

After my interpretation that the cylindrical part in the basin and the gas-mantle were the same thing and that he was afraid to urinate into it because he did not want for some reason to put the flame out, he replied that of course one cannot extinguish a gas-flame in this way, as then poison remains behind - it is not like a candle which one can simply blow out.

This is an interesting response. The patient's association - an extinguished flame leaves 'poison' behind - takes up the interpretation in a very concrete way, as if seriously considering the chemistry of burning gas. It seems likely, however, that within his understanding of gas there is embedded, as in dream symbols, an unconscious pursuit of the meanings that derive from his anguished unconscious phantasies: the damage he has done (in extinguishing father) will leave an emotional poison of despair and guilty concern.

There was a further response, a dream the next night which the patient reported in the next session. The concern, active in the first dream, and the interpretation continued to preoccupy the patient in an agonizing way:
The night after this the patient had the following dream: he heard the frizzling sound of something which was frying in an oven. He could not see what it was, but he thought of something brown, probably a kidney which was frying in the pan. The noise he heard was like the squeaking or crying of a tiny voice and his feeling was that a live creature was being fried. His mother was there and he tried to draw her attention to this, and to make her understand that to fry something alive was much the worst thing to do, worse than boiling or cooking. It was more torturing since the hot fat prevented it from burning altogether and kept it alive while skinning it.

The patient conveys an agonizing cruelty carried out in the inside situation (in the oven). He had many associations of unpleasant torturing, but the final one was that he had a cold. I think we can see that the patient’s sense of an internal disorder, his cold, represents the suffering of his internal objects: he internalized the damaged parents whom he had originally wanted to keep warm, and their ‘cold’ state has come to be represented as his state.

Klein reviewed the complex associations. In summary, the kidney frying in the pan represented father inside mother, like the cylinder in the basin—that is to say, the inflaming oedipal situation which leads to the torturing aggression (again oral: frying the kidneys). The new dream goes over the same problem again. In addition there is a plea to a mother (the psychoanalyst, we might wonder?) to attend to and help him with the problem which he cannot manage on his own. It is as if an unconscious message to the analyst appeals to her further understanding of this kind of concern for the dreadfully damaged loved objects. The representation of these issues is another kind of confirmation of the work on the dream the day before.

The achievement of the depressive position is to sustain the feelings of concern without always reverting to paranoid fears. With that successful step the patient then mobilizes the new set of feelings known as ‘reparation’—the wish to put right, reinstate or repair the object that has been damaged or destroyed:

... his main way of overcoming the depressive position is reparation.

In the dream he devotes himself entirely to his parents in order to keep them alive and comfortable.

We can see the attempts in this example to keep the parents warm, to protect his father from humiliation, and so on. Reparation is made more possible when he can check on the state of his external objects—that his actual parents are in fact well. While they are phantasies, and while he is concerned with the phantasies of internal parents, he is prone to being overwhelmed by his feelings. But when he can begin to distinguish between the phantasies and the reality of his objects, he can begin to internalize a more stable object and a sense of permanence.

**GUILT**

One way of describing the remorseful situation is in terms of guilt. The complex of feelings in the depressive position is a form of guilt—the sense of having done something wrong, and of the demands imposed upon oneself to put it right. These demands may be of a total kind—‘devoting oneself entirely’—so that there is no sense of freedom. Then the guilt is extremely burdensome or tormenting. To some extent the punitive quality of the guilt reflects the severity of the torturing damage done. It is this quality of a punishment to fit the crime that is the quality of the early super-ego in the infant, operating on the talion law—an eye for an eye.

Guilt may be so severe that the concern has to be avoided. This is not uncommon; it is frequently possible to observe people evading guilt through a convinced blaming of others. However, the avoidance may be so persistent as seriously to hamper the progress into and through the depressive position. Commenting on her case of X, who believed he had tapeworm (*Attacked by Worms*, p. 62), Klein described how the patient felt forced to concentrate on keeping his brothers and sisters, and his internal organs, alive:

It became quite clear that the different organs he was trying to cure were identified with his brothers and sisters, about whom he felt guilty and whom he had perpetually to keep alive. It was his over-anxiousness to put them right, because he had damaged them in phantasy, and his excessive sorrow and despair about it which led to such an increase in paranoid anxieties and defences that love and concern for people and identification with them became buried under hate. (Klein, 1935, p. 275)

When the pain of concern and guilt reaches quite intolerable proportions (as the depressive position approaches) the sense of a helping object is critically important. We saw this in the
internalization of a 'good' object in the last chapter. The infant needs to feel that a mother is there to help give realistic proportions to the unconscious phantasies: to help with recognizing the reality of the actual external objects and the reality of the world of objects and feelings inside. If an object which can help to test reality is forthcoming through an external object, the experience enhances the internal good object, through internalization of the external helper – as we saw in Richard's case in Chapter 5 (Identifying with a 'good' object, p. 71). Then the internal sense of well-being is further buttressed against the floods of guilt.

With a secure good object, the actual reality of any damage to real people becomes more accessible to the infant's perception. In the last example, the patient could experience his mother, in the second dream, as a helper for him. The experience of mother surviving as a helper – not just engaged in the hated intercourse with father - enabled this patient to struggle on with the awful and agonizing experiences of his dream. But this complex situation may go wrong. The helping internal object is also at risk of being damaged - then the subject needs the reassurance of the external object. If there is no reassurance that adequate help has survived, a bleak and hopeless internal world develops. Sometimes the outside world (mother or carer) may indeed be a depriving environment and fail the subject; or that person may have their own difficulties in introjecting the helping object. Either way, despair and lack of resources emerge; and, probably, a persecuting guilt that goads towards a permanent servitude of caring for damaged objects. The internal world is then believed to be populated with 'bad' and harming objects (such as those in the examples The man who assaulted his buttocks and The woman with a devil inside, pp. 66, 74) and devoid of helping ones. The experience then is of an internal domination over the self by a harsh super-ego from which emanates a punitive guilt.

DEFENCES IN THE DEPRESSIVE POSITION

In the course of successful development, a different outcome is achieved. Instead of remaining persecuting, guilt is modified. This, however, depends on one condition: whether one's sense of one's own goodness is sufficient. Goodness needs to survive the uprushes of jealousy, rivalry, hatred and impulses felt to be bad. The infant depends on having a relatively benign external world to introject; and also on a capacity to mobilize loving feelings in the course of introjecting helping objects.

If things have gone wrong for the infant – either because of a deficient environment or because of special difficulties in introjecting (we will come to those later) – then the pain may be so strong that the guilt and the capacity to repair (reparation) become too burdensome and punishing. Then the infant needs defensive measures, psychological mechanisms to ensure that the experience of guilt is not felt consciously. There are two broad means for defensive avoidance of excessive pain arising from concern and guilt: the paranoid defence against depressive anxiety; and the manic defences.

THE PARANOID DEFENCE

When the sense of guilt is very extreme, it is intensely persecuting. We have briefly noted the way in which clinical depression is a move from concern for the object to wretched ruminations on the self. But more frankly paranoid situations can supervene; an example of this will be given below (Peter's naughtiness, p. 139), where the patient Peter gets into an ever-increasing spiral of violent punishment in relation to his super-ego. His concern about his naughtiness towards his parents results in violent persecutory phantasies about roasting and eating them, or being eaten. Then the route back out of the depressive position is into paranoid cycles which re-create a paranoid position. Guilty concern for the object is transformed into a fear for the self at the hands of a harsh punishing agent. So far as X, Melanie Klein's patient, (Attacked by worms, p. 62; and mentioned again above) was concerned:

buried under the continuous paranoid accusations, complaints and criticisms of others, there existed a very profound love for his mother and concern for his parents as well as for other people. (Klein, 1935, p. 275)

The concern was buried (defended against) by paranoid fears and by the claim that he was being attacked by tapeworms (or cancer inside). In the last example (Damaged parents, p. 85), as the man felt more despair about his ability to protect his parents, he felt
more persecutory fear - the explosive gas mantle like an attacking lion-head which made him fear for himself instead of for his objects. This is a reversion to a paranoid mode of experiencing the situation. With this reversion there is a renewed splitting of the object - for instance, when a helper oscillates between being an enemy and an analyst (see Attacked by worms).

**Manic Defences**

The other main method of turning away the pain of concern is recourse to the manic defences. Then, characteristically, the patient rules that the loved person is not important at all; their condition, damaged or sound, does not matter. So, since it is no longer important, the object’s fate can be ignored; the subject cultivates imaginary states of superiority, triumph, and control over the object; and a feeling of omnipotent supremacy over the insignificant object is sustained through asserting phantasy relations with it. That manic superiority is supported by specific defences: a denial of the true qualities of the object; a sense of triumph over the object, which becomes insignificant; and a control over the object, making it dependent instead on the subject.

The next example is a case in which the internal situation suddenly becomes shaky again as a result of a bereavement in the external world. An internal shakiness resulting from an external loss was detailed in Abraham’s material (Chapter 2) as well as the case of Richard (The insecure internal object, p. 82). In elaborating this work, Klein pinpointed the specific defences employed against the depressive anxiety, guilt and remorse.

**Example: The death of a son**

We will consider a case of an actual bereavement. The patient Klein described was mourning the death of her son.13 At first she did not cry very much,

and tears did not bring the relief which they did later on. She felt numb and closed up, and physically broken.

Note again the comment on the bodily experience of being damaged, ‘broken’, as an internal consequence of the actual external loss. Bereavement of her son sparked off this woman’s unconscious phantasies of attacks upon an internal loved object as well as the actual external one, her dead son:

At this stage Mrs A, who usually dreamed every night, had entirely stopped dreaming because of her deep unconscious denial of the actual loss. At the end of the [first] week she had the following dream:

*She saw two people, a mother and son. The mother was wearing a black dress. The dreamer knew that this boy had died, or was going to die. No sorrow entered into her feelings, but there was a trace of hostility towards the two people.*

The dream explicitly denies sadness, though other feelings (a trace of hostility) can still exist. In her associations Mrs A remembered with strong feelings that her brother was tutored by a schoolfellow, ‘B’, of the same age. B’s mother had been patronizing, and her own mother was dejected. This brought up an important memory; Mrs A herself felt that fearful disgrace had fallen upon her very much admired and beloved brother and the whole family. This brother, a few years older than herself, seemed to her full of knowledge, skill and strength - a paragon of all the virtues, and her ideal was shattered when his deficiencies at school came to light. The strength of her feelings about this incident as being an irreparable misfortune, which persisted in her memory, was, however, due to unconscious feelings of guilt.

It seems that the preoccupying event in Mrs A’s life - her bereavement of her son - has come to be represented in the dream in a disguised way as the disgrace of her brother; he had fallen from an elevated position, an irreparable misfortune. The sense of an irreparable damage linked three things: her brother’s humiliation; her son’s death; and her broken internal state:

In the dream, the two people whom Mrs A saw were B and his mother, and the fact that the boy was dead expressed Mrs A’s early death wishes against him.

Klein is now telling us that the dream is dealing not just with sadness and grief, but also with hostility - a hostility directed towards a figure from the past, B, who deserves it because he humiliated her brother and mother:

One dream-thought, therefore, ran: ‘A mother’s son has died, or will die. It is this unpleasant woman’s son, who hurt my mother and brother, who should die.’
We can see here the way phantasies move the loss progressively away to other figures, who were much less important to her: from her son to her brother to her brother's colleague, B. Despite this diminished importance of the objects in the dream, Klein nevertheless thought there was a link with the grief at the son's death:

She had carried over some of her feelings for her brother into her relation to her son. In her son, she also loved her brother; but at the same time, some of the ambivalence towards her brother, though modified through her strong motherly feelings, was also transferred on to her son.

We are drawn steadily to the awful conclusion that the bereaved mother harboured some hostility to her son as well, and that his death had made that real in a particularly final way. The guilt she felt in the midst of her sadness rendered it unconscious. Thus she largely suffered unconscious guilt.

Despite her admiration and love for her brother, she had also been jealous of his greater knowledge, and his mental and physical superiority. In her dream, she had reduced both sets of feelings to insignificance because of the guilt and remorse which had to be rendered unconscious. The way this was done revealed some of the typical defences used in this position; the components of the manic defence: denial, triumph and control of the internal objects.

Denial: The denial of guilt was evaded when she avoided all feelings, in the first week after her loss:

Let us consider the interplay of defences as they appeared in this material. When the loss occurred, the manic position became reinforced, and denial in particular came especially into play. Unconsciously, Mrs A strongly rejected the fact that her son had died.

This is especially a denial of the internal reality, her feelings, as well as the denial of the actual loss.

Triumph: However, she also reorganized the significance:

When she could no longer carry on this denial so strongly - but was not yet able to face the pain and sorrow - triumph, one of the other elements of the manic position, became reinforced. 'It is not at all painful', the thought seemed to run, as the associations showed, 'if a boy dies. It is even satisfactory. Now I get my revenge.'

The triumphant relegation of the significance of the death is a way of dealing with the fact of dependency; the boy B who is disposed of is actually the needed source of knowledge. The attempt is to create a view that no one is needed; there is no dependency. It is a pained, albeit disguised, attempt to include her son among the unimportant ones.

Control: Her reckless self-sufficiency reduced important people, in phantasy, to a supposed unimportance. They became mere things to be controlled within her internal broken state:

But this triumph was associated with control of the internalized mother and brother, and triumph over them.

The mother's broken state was dealt with within the first week by an initial denial, but this was followed by phantasies, revealed in the dream, in which the dead and grieving figures were rearranged:

... at this stage the control over her internal objects was reinforced, the misfortune and grief were displaced from herself onto her internalized mother. Here denial came into play - denial of the psychical reality that she and her internal mother were one and suffered together.

The rearrangement is an internal one in which she no longer identifies with a mother, or with a mother's feelings. This is an omnipotent control of the broken internal situation. The emotional loss has then been dealt with. The whole internal world of feelings, and the sense of internal contents, is emphatically controlled.

Positions

At the time (in the 1930s) Klein termed this sort of constellation of anxieties, feelings, object relations and defences a 'position' - 'depressive position'; she had also used 'paranoid position', and even 'manic position'. She sought to distinguish it from the notion of a developmental phase; Freud had used the idea of a phase - oral, anal, and so on - to denote simply the character of instinctual impulses, fundamental bodily satisfactions such as feeding, sexuality and so forth. A constant to-and-fro into the depressive position and out again means that there is no clear-cut phasic sequence. External and internal worlds interact and create anxieties, and continually move the subject from fear to concern and back again. The subject continually takes up characteristic
positions vis-à-vis his objects. These involve satisfactions from them, their assistance for the characteristic psychological defences, and feelings for those objects as people. This to-and-fro movement is much more fluid than Freud’s notion of phases and regression.

In 1935, when Klein first introduced the depressive position, she contrasted it with the paranoid position - a position much as described in the previous chapters. Further development of her theories, however, resulted in a modification of the ‘paranoid position’, which she came to call the ‘paranoid-schizoid position’; to this we will now turn.

**7 The Paranoid-Schizoid Position**

An infant’s ability to sustain the new feelings of the depressive position depends on its internal security - that is, a sufficiently stable internal good object. But what makes internal security sufficient - or insufficient? The answer lies in the states of aggression and paranoia which Klein had found so prominent in children. These states, arising very early in infancy, set the scene for the development of the internal world. If objects are internalized in a process that is angry and hostile - that is, with phantasies of aggressive biting and tearing to pieces, and so on - then the state of the internal world is persecutory and dominated by hostile internal objects (see Chapter 5).

In the 1940s Klein began to rethink the nature of this ‘paranoid’ position, and how the internal world forms. Previously she had focused her attention on the fear of being attacked by bad hostile objects; this she contrasted with the depressive position, where the anxiety concerns fear of damage to or death of the loved object, especially the internal good object. In 1946 she took a new step by postulating certain phantasies in which the person’s own mind was in danger from itself - a phantasy of self-directed aggression leading to a fear of falling to pieces. She thought this was the infant’s earliest fear - the fear of attack from within the self. She and her students began to note experiences, particularly in their more disturbed adult patients, in which the mind seemed to lack a wholeness, or could not operate in an integrated, coherent way; parts of the mind seemed to go missing. Although this state was observed largely in adult patients, Klein thought that it represented the recurrence of experiences and phantasies that could operate from the very