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The Return to the Consulting Room: Psychoanaytic Theories Compared
Judith M. Hughes

Almost forty years ago, I presented a paper at the 75th Anniversary Meeting of the American Psychoanalytic Association. I focused on Heinz Hartmann and Erik Erikson in order to revisit the contention that psychoanalysis constituted a general psychology. I wanted to chart the objectives that these two had set themselves, "the theoretical strategies and tactics they devised and whether more than a generation later—to continue the military metaphor—their campaigns" were still operational. I argued that they were not. And, in doing research for the paper, what had struck me was the paucity of clinical material in their writing. Hartmann's work was "known for its lack of clinical detail. Erikson's seemed to stand in marked contrast;" but his clinical data were rarely psychoanalytic. This dearth surprised me: it suggested an uneasiness about the discipline even "when psychoanalysis enjoyed its greatest vogue in the United States."[1]

In succeeding decades, that uneasiness became more manifest. At the same time, something that can be thought of as a return to the consulting room took place. (In Britain, the consulting room has never been eclipsed; it has always been front and center.) In what follows, I want to take a look at relational psychoanalysis in the US and contemporary Kleinian thinking in the UK. The one gained traction in the 1980s and can lay claim to being the theory of choice among young analysts and psychoanalytic candidates. The other has a long pedigree stretching back to the 1930s and has been renewed generation after generation. And, though I have let the authors speak for themselves, my own preference for the contemporary Kleinians will become amply apparent.

I. The Relational Turn

Stephen A, Mitchell sounded the clarion in the opening pages of *Relational Concepts in Psychoanalysis*. The relational theories which he clamed "have dominated psychoanalytic thinking" in the past generation, may differ from one another; but "taken together they have changed the nature of psychoanalytic inquiry."

> In this vision the basic unit of study is . . . an interactional field. We are portrayed . . . as being shaped by and inevitably embedded within a matrix of relationships with other people, struggling both to maintain our ties to others and to differentiate ourselves from them. . . . Analytic inquiry entails a participation in, and an observation, uncovering, and transformation of these relationships and their internal representations.[2]

[1] Judith M. Hughes, "Psychoanalysis as a general psychology, revisited," *Free Associations* Number 23 (1991): 357-370.
[2] Stephen A. Mitchell, *Relational Concepts in Psychoanalysis: An Integration* (Cambridge, MA: Harvard University Press, 1988), p. 3.

From the outset, Mitchell declared himself to be a revolutionary, set on overturning Freud's "drive model." "The theory of instinctual drives," he argued, ""informs and impacts . . . all areas of . . . [Freud's] thinking, from the most abstract speculations to the most minute clinical observations." It pictures man "as a conglomeration of asocial, physical tensions represented in the mind by urgent sexual and aggressive wishes pushing for expression. We live in the clash between these wishes and the secondary, more superficial claims of social reality; our very thought itself is derivative of, a transformation of, these primitive, bestial energies. . . . In its first half-century this vision dominated the generation and development of psychoanalytic ideas." But now, Mitchell insisted, it was passé: "*We have been living in an essentially post-Freudian era*"—even if not everyone has appreciated that fact.[3]

Mitchell, then, did not grant Freud the status of progenitor. That rank he conferred on Harry Stack Sullivan and W. R. D. Fairbairn—more generally, interpersonal psychoanalysis and British object relations. He assigned himself the task of combining the two traditions, traditions that, he maintained, complemented each other and that, taken together, represented a radical departure from Freudian precepts. So radical, that the discontinuities outweighed whatever continuities might be discerned.

From Sullivan, Mitchell inherited his fundamental proposition of a two-person field. "[E]verything that can be found in the human mind," Sullivan wrote, "has been put there by interpersonal relations, excepting only the capabilities to receive *and elaborate* the relevant experiences. This statement is also intended to be the antithesis of any doctrine of human instincts."[4] From Fairbairn, Mitchell came by the notion of internal objects. (Fairbairn acknowledged his own debt to Melanie Klein.) In Mitchell's telling, what figured as Fairbairn's outstanding contribution was his "account of the conflicts accompanying the child's earliest relations with significant others, and the centrality of the resulting internal object relations in all forms of psychopathology." For Fairbairn, "an objectless ego is a contradiction in terms;" for Sullivan, "'personality' outside an interpersonal field" is equally impossible."[5]

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What might the relational turn mean for clinical practice? Mitchell had this to say:

> For the relational analyst the psychoanalytic situation is inherently dyadic; events within the analysis . . . are created in the interaction between the patient and the analyst. . . . The analyst's participation exerts a pull on the patient, and the analyst serves as a co-creator of the transference. Similarly, the patient's experience of and behavior toward the analyst exerts a pull on the analyst. . . . [T]ransference and countertransference reciprocally generate and interpenetrate each other.[6]

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[3] Ibid., pp. 1, 2 (emphasis in the original). For a very different "Freud," one that concentrates on his clinical work rather than his metapsychological speculations, see Judith M. Hughes, *From Freud's Consulting Room: The Unconscious in a Scientific Age* (Cambridge, MA: Harvard University Press, 1994).

[4] Harry Stack Sullivan, *The Fusion of Psychiatry and Social Science* (New York: Norton, 1971), p. 302 (emphasis in the original), quoted in Jay R. Greenberg and Stephen A. Mitchell, *Object Relations in Psychoanalytic Theory* (Cambridge, MA: Harvard University Press, 1983), p. 101.

[5] Greenberg and Mitchell. *Object Relations in Psychoanalytic Theory*, pp. 176, 165. On Fairbairn, see also Judith M. Hughes, *Reshaping the Psychoanalytic Domain: The Work of Melanie Klein, W. R. D. Fairbairn, and D. W. Winnicott* (Berkeley and Los Angeles: University of California Press, 1989), ch. 4.

[6] Greenberg and Mitchell, *Object Relations in Psychoanalytic Theory*, p. 389.

This is all rather abstract. So too, Mitchell's suggestion that the work of analysis proceeds in fits and starts, as the result of negotiations within each dyad. How does the analyst keep the negotiations from breaking down? How does he avoid being trapped in an impasse? How does he break free and assert some leverage? In theory, no particular intervention will do the trick. Yet the clinical examples that relational authors offer point in a particular direction.

Here is Mitchell at work. At the outset, Rachel complained that "she felt profoundly lost." She came from a wealthy and very troubled family. "The mother, talented but . . . frustrated . . . became alcoholic and emotionally abusive to her children. . . . The father, warm but narcissistic, was preoccupied with business ventures and extramarital affairs. . . . [He] was . . . fun to be around," though rarely available. Theirs was a "stormy marriage with a polished veneer. The children were required to appear at their dinner parties, where everything would seem wonderful and gay. But when she was not posing as her parents' 'daughter,' Rachel felt invisible to them." By the time she arrived in Mitchell's consulting room, she had been in a "symbiotic relationship with her largely unemployed, extremely passive, artist boyfriend for five years." A college graduate, with a degree in philosophy, she spent much of her time with him, stoned and numb.[7]

Over the course of their work, Mitchell's experience of Rachel changed a great deal.

> My original sense of her as spacy and ethereal persisted for a few months. . . . At times it seemed to me that the sessions had a shallowness to them, that I was finding myself drifting . . . and fatigued, having trouble engaging her more deeply. I tried to develop useful ways of thinking about my countertransferential experiences. Perhaps there was something in them of the alcoholic haze that had saturated so much of her childhood, . . . of the schizoid absences of her parents' way of being with her, of the depletion of vitality in her own way of using language and expressing herself. But my speaking to her about my experiences with her did not appear to alter them.

When Rachel started to get angry at Mitchell, the treatment reached an inflection point.

> The things I was saying to her sounded trite, my interpretations were merely parroting back to her things she herself had already said. She felt that she was an anonymous patient in a long and exchangeable series; I showed no evidence of really knowing *her*. I told her I thought she was partially right. There was sometimes a sense of our constructing the appearance of therapy sessions, like her parents' elaborate construction of the appearance of a family. We did not arrive at too much clarity about what had been going on, but something about our joint exploration of the problem seemed to engage us more fully in the sessions. She felt like an increasingly fuller presence to me, and she experienced me as increasingly related to her in a personal fashion.[8]

Several months later, Rachel mentioned in passing that she was thinking of applying for graduate study to various philosophy departments. (She was already pursuing a master's degree.) By this point, Mitchell was convinced of her aptitude and saw no good reason why she should not be admitted to the best places. When she had been applying to college, her parents, though they had been invested in her going to the Ivy League school her father had attended, had left her to her own devices. She had botched the application and had been rejected. Now Mitchell sensed his patient's reluctance to take action and to get on with the application process. He "said a few things about her passivity and her hopes that somehow all that was necessary for the betterment

[7] Stephen A. Mitchell, *Influence and Autonomy in Psychoanalysis* (Hillsdale, NJ: Analytic Press, 1997), pp. 170-171.
[8] Ibid., p. 172 (emphasis in the original).

of her situation might be taken care of by someone else. She agreed." Still the discussion "had a flat quality."[9]

The session was drawing to a close, and Mitchell wanted to reach Rachel, to have an impact on her. He was fully aware that "the partisanship he felt on her behalf . . . was . . . not neutral. But it felt important." And so he said "something like this":

> You know, it is my impression from talking to you and listening to what you say about other people's responses to you, that you are an extremely talented woman. Because you expect a lack of positive response, you play it safe by setting things up to make it unlikely that you will get what you want. I think that your parents really neglected you by not helping you with the college applications and that you are in danger of repeating that neglect yourself by not being more active now. I am aware of having the impulse to ask you to bring in the applications so that I can go over them with you. I am not sure whether actually doing that would be a good thing or a bad thing, helpful or not, but I wanted to tell you what I was thinking.

"Rachel had an immediate and powerful response. . . . She smiled broadly, sort of lighting up, and she said she thought I was right."[10]

In subsequent sessions, she remembered Mitchell reporting that he "had the impulse to help her with the applications. . . . She realized that she was certainly capable of doing them, but there was something frightening about taking herself so seriously in that way."

> Rachel and I came to regard this part of our work as very important. . . . I think that its importance lay not in my trying to be neutral, empathic, . . . or holding, but in becoming aware of my intense reaction to what felt like her self-denigration and my strong inclination to become more actively partisan on her behalf. There seemed to be something important about sharing this caring feeling toward her and expressing it in a way that she could feel as real.[11]

In a paper, "The Analyst's Participation," Jay Greenberg criticized writers of the relational persuasion in terms that might well apply to his erstwhile collaborator. (He and Mitchell had co-authored *Object Relations in Psychoanalytic Theory*.)

> It seems that we are being offered two parallel messages working at cross-purposes. First we are shown the futility of any attempt to develop a fixed psychoanalytic methodology applicable to all analysts, all analysands, all dyads. But then, alongside or perhaps overarching this, is presented what I have come to think of as a morality play, a series of stories highly prescriptive of a way we should all be working, that puts pressure on the reader/analyst to be open enough, flexible enough, and caring enough to respond appropriately . . . to moments fraught with tension.

The analyst takes a risk and puts him-or herself on the line in a highly personal way—or, as Irwin Z. Hoffman phrased it, "throws away the book." He or she wants to make something happen and then "the thing that happens—the transaction—is understood to be what makes analysis possible, and also becomes its subject matter."[12]

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[9] Ibid., pp. 173-174.
[10] Ibid., pp. 174, 200.
[11] Ibid., p. 201.
[12] Jay Greenberg, "The Analyst's Participation: A New Look," *Journal of the American Psychoanalytic Association*, 49/2 (2001): 365, 378.

Indeed the relationship itself, between analyst and analysand, is thought to be the crucial factor bringing about psychic change. Why should it be therapeutic? The analyst, Hoffman argued, along with the patient is doing battle against internalized bad objects, that have had "profound effects on the patient's sense of self."

> Even if intellectual understanding is established, the war to overcome the internal destructive "voice" remains unsettled at best. Those introjects are extremely powerful. They established themselves in the patient's mental life very early and now the patient has them in his or her bones, at the core of his or her being. Rationality and implicit support can be very valuable, but they are often not enough to overcome the influence of destructive introjects. I believe that what is needed often is an opposing powerful voice, actual words, words spoken with passion and conviction, that the patient can hear and remember and that can do battle with the destructive voices of the past.[13]

The analyst should thus offer him-or herself as a new, good object and in so doing supply the patient with a corrective emotional experience. As Lewis Aron wrote, "relational analysts believe that what is most important is that the patient have a new experience rooted in a new relationship."[14]

And the relationship may be therapeutic for the analyst as well. Aron framed his argument in a series of rhetorical questions:

> Are not patient and analyst always enacting their internal sets of self-and object relationships? Are we not always enacting our intrapsychic worlds, using each other as characters in the scripts that we are playing out and acting out? Is not that interaction continuous between us whether we are associating, interpreting, questioning, or remaining silent? And is it not a remarkable analytic accomplishment when we can help our patients get to the point where they can help us notice ways that we are interacting with them that we did not consciously know?[15]

Mitchell appreciated what he saw as the honesty and emotional involvement of the relational approach: the analyst, by owning his side of the analytic interaction, "has the chance to create . . . a more mutual, potentially less defensive atmosphere." In his view, self-disclosure counted as a legitimate therapeutic intervention: it is a technical option, to be scrutinized and used with discretion. He recognized, as well, that it might be too much. How does the analyst decide when to divulge his or her experience, or when to talk about the interaction at all? It won't do, he argued, to say simply that it is all "grist for the mill." A useful reminder that an analyst cannot be sure how a patient experiences his or her "authentic engagement." And, he added, one of the things he liked "about the contemporary Kleinian model is that it demands a greater restraint on countertransferential disclosure."[16]

II. The Internal World

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[13] Irwin Hoffman, "Therapeutic Passion in the Countertransference," *Psychoanalytic Dialogues* 19/5 (2009): 619, 620.

[14] Lewis Aron, *A Meeting of Minds: Mutuality in Psychoanalysis* (Hillsdale, NJ: Analytic Press, 1996), p. 214

[15] Ibid., p. 219.

[16] Stephen A. Mitchell, "Interaction in the Kleinian and Interpersonal Traditions," *Contemporary Psychoanalysis*, 31 (1995): 89, 90, 86.

Klein's guiding principles, and that of contemporary Kleinians, could not be more different from Sullivan's. In a posthumously published lecture, Klein began by sketching "the analytic attitude."

> [O]ur whole interest is focused on one aim, namely, on the exploration of the mind of this one person who for the time being has become the centre of our attention. . . . [I]f we are not guided in our approach to him by an [sic] preconceived plan, trying to evoke such and such a response from him, then, and only then, are we ready to learn step by step everything about the patient from himself.[17]

Klein was talking about a one-person field: the analysand, in other words, comes to treatment with a mind of his own—and that is the basic unit of study.

And her principles are also different from Fairbairn's, if less dramatically. Where Klein parted company from Fairbairn, or, rather, where Fairbairn parted company from Klein, was over the role of external objects. As Fairbairn saw it, the badness of an internal object was the reflection of the real mother's unavailability. As Klein saw it, that badness was colored by aspects of the self that had been projected onto the object. And this is not a once and for all process. Throughout life, Klein argued, a complex interaction between the world of internalized figures and objects in the external world goes on.

Note projection and introjection. These two mechanisms received special attention in Klein's work. There was, however, nothing mechanical about them—they were purposive ideas in disguise. So too, splitting and projective identification, late additions to Klein's theoretical armamentarium and much deployed by later generations. Klein had written earlier about splitting, with splitting of the object in mind. When she turned from object to ego, and advanced the additional claim that the ego was "incapable of splitting the object—internal and external—without a corresponding splitting taking place in the ego itself," she also moved from projection to projective identification.[18] Projection operated on qualities or properties like anger and love; in contrast projective identification operated on things or bits of things—more specifically on parts of the self. In this fashion, split-off parts of the self come to be lodged in an external object.

Not literally. Klein did not think that the patient literally put things into another's mind or body. It was a question of the patient's unconscious phantasy. ("In Kleinian theory unconscious phantasies underlie every mental process and accompany all mental activity.")[19] "It is in phantasy," Klein wrote, "that the infant splits the object and the self, but the effect of the phantasy is a very real one, because it leads to feelings and relations (and later on, thought-processes) being cut off from one another."[20]

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Of Kleinian analysts in succeeding generations, Betty Joseph stands out for her concentration on matters of technique—a technique characterized by close "observation of the most minute shifts, changes in atmosphere, actions, and pressures experienced in the to and fro

[17] John Steiner, ed., *Lectures on Technique by Melanie Klein* (London and New York: Routledge, 2017), pp. 29-30.
[18] Melanie Klein, "Notes on Some Schizoid Mechanisms" (1946), in *The Writings of Melanie Klein*, Vol. 3, *Envy and Gratitude and Other Works 1946-1963* (London: Hogarth Press, 1975), p. 6.
[19] R. D. Hinselwood, *A Dictionary of Kleinian Thought* (London: Free Association Books, 1991), p. 32.
[20] Klein, "Notes on Some Schizoid Mechanisms," p. 6.

of the session, and their interplay in the transference and countertransference."[21] Here is an illustration of Joseph at work.

> A rather new patient, whom I shall call A., a young professional woman, arrived a few minutes late, explaining that she was very tired and had overslept. Her boss was expecting her to do a great deal of work which should be shared out with other people as well; she was very angry; she was going to discuss it with him. No, no, no, she was not going to do that work. The reason for anger, if genuine, seemed real enough, but the way she talked was rather like a self-consciously naughty little girl. I made a rather general interpretation linking what she was saying with what we had been seeing in previous sessions about her actual annoyance being that I don't let her do my work, so she digs in her heels and rejects what I have to say. She replied, "Yes, I always dig in my heels. I can't let people be over me, just as when I was at the university and people tried to bully me. I . . . "
>
> Now that sounds as if my patient is agreeing with my too general remark that she can't let people be over her (but said very, very easily) but if they, I, am over her then apparently I am like her bullying boss—so one would think that she would be right to dig in her heels. . . . [I]n so far as I am bullying one would assume that I must be wrong, but she indicates that her behaviour is wrong. So I am quietly placated by her statement of guilt. But this . . . twist takes all the meaning out of our communication and leaves it useless. I show her this. She quickly adds that this must be "because . . ", so long before anything has been established between us, any understanding, it is explained away—"because . . . ". It seems as if there is nothing genuine and sincere going on. I tried to show this point. . . . Immediately she responded that the word that really affected her in what I was saying was about the notion of "no trust"—she again started to explain about the notion of no trust in the abstract "because . . . " But again the meaning was gone, there seems to be no feeling about what I was trying to show her but a quick explaining it away "because . . . "[22]

Joseph had a number of options: she could interpret the contents of the material—for example, how she was "experienced in a persecuting way as her [patient's] bullying boss"; she "could explain something about the fragments of her childhood" that were "brought up after the 'becauses.'" But neither of these interventions would have captured "the thing being acted out in the session"; how the patient, disturbed by Joseph's interpretations, by the implication that there might be something she did not know, sought to regain her balance by drawing her analyst into "perpetual agreement." This Joseph linked with another feeling she had, almost constantly, with this patient which seemed unique to her:

> I find I listen but almost do not believe what she is telling me, as if she were confabulating history, inventing boy friends, or details about boy friends, or stories that she tells me that people have told her. Yet I do not think . . . that she is consciously lying. . . . My suspicion is—and only time will or may show whether I am right—that the patient as an infant or young child had no real belief in her world, in her emotional surroundings, as if deep sincerity was lacking between her parents and herself and that there was a lack of belief in, and phony idealization of her parents—whom I suspect at depth . . . she saw through.

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[21] Edith Hargreaves and Arturo Varchevker, "Introduction," in Edith Hargreaves and Arturo Varchevker, eds., *In Pursuit of Psychic Change: The Betty Joseph Workshop* (Hove and New York: Brunner-Routledge, 2004), p. 5.

[22] Betty Joseph, "On Understanding and Not Understanding: Some Technical Issues" (1983), in Michael Feldman and Elizabeth Bott Spilllius, eds. *Psychic Equilibrium, Selected Papers of Betty Joseph* (London and New York: Routledge, 1989), pp. 142-143.

> And this . . . disbelief . . . in . . . relationships is what she is living out with me in the transference.[23]

If the analyst managed to accept the pressure that the patient brought to bear on him to feel or do something, to hold onto it, to reflect on the fact of being subjected to it, and then make a limited and precise interpretation of what was happening at the moment—would that be enough to produce psychic change? That, Joseph implied, was merely a start.

> In some cases, when . . . progress has been made, insight has been gained, and, for example, . . . more warmth and contact has been established, one finds all further progress blocked by a markedly increased, apparently intractable passivity. The patient seems to become apathetic, to lose . . . interest, and any involvement in the work which we may believe to be going on. He does not appear to be actively uncooperative, just helplessly passive. One often get the impression following an interpretation that everything has gone dead and flat. . . . This is often true. The patient remains quiet or subsequently comes up with a very superficial remark.[24]

Joseph elaborated. A patient she called S. "would give a long description of the behaviour of his girl friend, . . . which seemed to convey that any sane person in the room would assume that she, the girl friend, was very sadistic."

> If the analyst . . . demonstrates that the patient must realize that he is talking about a girl friend who is deeply disturbed, the patient is likely to react as if the analyst were attacking his girl friend and then be upset, hurt, or offended, and the analyst may find . . . herself urging, almost bullying the patient to see her "point of view"—so a vaguely forcing or near sado-masochistic situation arises, as if the problem has shifted from the home to the consulting room. I think that in this kind of situation one can see both the projection of apparent sanity into the analyst and the appearance in the patient of naivety bordering on stupidity—which is apparently innocent but, in fact, splendidly provocative.[25]

In patients like S., part of the ego "needed for understanding" seemed to be unavailable, owing, Joseph surmised, to "splitting and projective mechanisms."

> To take an example from B., who came into analysis worried about his relationship with his wife—or, to be more accurate, worried that she was worried that their relationship seemed poor and unsatisfactory to her; he did not see anything particularly wrong with it. He seemed a very decent man, basically honest, immature, and terribly lacking in awareness of himself and his feelings. It soon seemed that he unconsciously wanted an analysis in which things would be explained in relationship to the outside world, not experienced in the transference, and usually when I interpreted he would go quiet, blank, unable to remember what I said, and shift off untouched to another topic. Or he would repeat what he just said. The impression I got was that he became anxious, . . . stopped being able to listen or hold together what we were discussing. This began to improve. Slowly I gained the feeling that I was supposed to follow him, almost pursue him with interpretations, but he did not seem interested in trying to understand or actively use the analysis—it was as if it was I who wanted him to use individual interpretations or the analysis in general, just as it was his wife who apparently wanted him to have analysis and who was worried about the marriage. So we could see that the active, alert, wanting part

[23] Ibid., pp. 143, 144.
[24] Joseph, "The Patient Who Is Difficult to Reach," (1975), in *Psychic Equilibrium*, pp. 75, 82.
[25] Joseph, "On Understanding and Not Understanding," pp. 146-147.

> of the self was split off and apparently projected into me and he remained passive and inert. . . .
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> B. was anxious but also relieved as he began to feel himself coming more alive during the sessions. . . . [J]ust before a holiday, . . . [he] became very clear about simple feelings of jealousy and anger linked . . . with his early and current family experiences. He was unusually moved by . . . [a] dream and our work on it, and as the session was coming to an end, said in a happier voice: "I must tell you my grandiose idea. I think that car manufacturers should build a front passenger seat so that it can turn round and the passenger join in with and face the children in the back, or a child could sit in the front and turn to the others. I should write to the head of BL [British Leyland]."
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> So I showed him by his tone and the way he spoke to me, as well as by what he said, . . . that what he had been talking about had brought him into contact with the child in himself, which he was beginning to turn and face, instead of his usual way of withdrawing, losing contact, and projecting the needing-to-know part of himself into me.

Joseph felt encouraged: some part of her patient wanted to have a look at what was going on. She appreciated the vital importance of his integrating "that part more fully and consciously into his personality," in short, the part of himself that was curious. Until he did so, he would not be able "to use his mind properly."[26]

In succeeding generations, that is, after Klein's work on schizoid mechanisms assumed center stage, her heirs grappled with the question of what would be enough to overcome the changes in the ego (or self) that splitting and projective identification produced. They reformulated the aims of therapy in terms of the re-acquisition and re-integration of projected parts of the self. No definitive answer was forthcoming. Nonetheless, John Steiner, building on Wilfred Bion's notion of containment, offered a highly plausible candidate. Bion maintained, Steiner wrote, that "the analyst must be able to accept the patient's projections, to refrain from too extreme a reaction to them, and to understand both the patient's communication and his own reaction to it. . . . He suggested that when the patient is understood in this way, his projections become more acceptable to him, and he can then take them back in a modified form." Steiner thought that this was only part of the story. Mourning, which he viewed as consisting of two stages, needed to be factored in:

> In the first stage the patient internalizes an object containing parts of the self that are still inextricably bound to it. At this stage the loss of the object . . . is denied by a phantasy of omnipotent possession. . . . Relinquishing . . . dependence . . . ushers in the second phase of mourning. . . . In this phase the reality of dependence on the object must first be acknowledged and the reality of the loss of the object must then be faced in order that mourning is worked through. Both are vehemently resisted.[27]

For her part, Joseph insisted on the crucial role of interpretation. "[P]atterns of behaviour may appear to alter without any interpretations being given by the analyst. . . . But this kind of shift leads to no change within the personality, only to defensive flight from . . . impulses and a

[26] Ibid., pp. 145-146.

[27] John Steiner, *Seeing and Being Seen: Emerging from a Psychic Retreat* (London and New York: Routledge, 2011). p. 16.

splitting in . . . [the] picture of the object, the analyst, who then, for example, becomes benign, possibly idealized, or weak but harmless."[28]

III. Concluding Remarks

Roy Schafer, in an introduction to *The Contemporary Kleinians of London*, rebutted the charge that their work was undertheorized—after all, the model of ego psychology elaborated by Heinz Hartmann, was "no longer a major influence in psychoanalysis." On balance, he considered their eschewing "comprehensive systematization" fully appropriate. He was not put off by how they used self and ego concepts interchangeably, by how they spoke "comfortably about attacks on the ego, the self, and even the mind, in a way that refers in part to actual functional disturbances and in part to unconscious fantasies of the ego, self, or mind being a substance that can be ejected, spoiled, or broken into pieces. The concretistic fantasy," he added, "is not foreign to any analyst" whose patients are struggling with "primitive experiences of pain."[29]

The charge of undertheorizing fits the relationists much better. In rejecting Freud, they have discarded his characterization of psychoanalysis as a "depth-psychology, a theory of the mental unconscious."[30] In suggesting that the unconscious is an antiquated notion, in shortchanging the intrapsychic, they have been hard-pressed to think beyond conscious experience.

Judith M. Hughes is the author of ten books, five of which focus on psychoanalytic theory. These include *From Obstacle to Ally: The Evolution of Psychoanalytic Practice* (2004) and *Guilt and Its Vicissitudes: Psychoanalytic Reflections on Morality* (2008).

[28] Betty Joseph, "Transference," in Catalina Bronstein, ed., *Kleinian Theory: A Contemporary Perspective* (London and Philadelphia: Whurr, 2001), p. 188.
[29] Roy Schafer, "Introduction," in Roy Schafer, ed., *The Contemporary Kleinians of London* (Madison, CT: International Universities Press, 1997), pp. 20, 22.
[30] Sigmund Freud, *The Question of Lay Analysis: Conversations with an Impartial Person* (1926), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated under the general editorship of James Strachey (London: Hogarth Press, 1953-1974), 20: 248.