Melanie Klein's Concept of Counter-Transference Taken from Unpublished Material

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In this essay we discuss the concept of counter-transference based on some of Melanie Klein's unpublished notes from the archives in the Wellcome Institute for the History of Medicine, in London. Hence, the discussion here incorporates material that has never been published before[1]. Until 1950 the most commonly accepted conception of counter--transference was that of Freud, who saw it as an obstacle that should be removed. When Paula Heimann's ideas became widely known this mechanism started to be seen as an important aid to understanding the patient. Klein always rejected that perspective and remained close to Freud's ideas. In the 1960s, the works of Bion and Money-Kyrle show that, along with the concept of projective identification, counter-transference was a valuable tool for understanding the patient in both its pathological and benign forms. What we show in this article is that in spite of not having conceptualized her ideas about the subject, Klein's approach to it was very much in accordance with those authors with respect to the vicissitudes of the therapeutic relationship.

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SOME PERSPECTIVES OF COUNTER-TRANSFERENCE

One of the most important conceptions of counter-transference was Paula Heimann's formulation, published in 1950. She argued that counter-transference could be a great source of information about the patient. About the same time, Heinrich Racker in his article 'A Contribution to the Problem of Counter-transference' (written in 1948 and published in 1953), and Margaret Little in her article 'Counter-transference and Patient's Response to it' (1951), were developing the same point of view and trying to show how it was a powerful instrument that could help the analyst to understand the patient. This perspective was studied in great detail in the following years and this led to new developments in psychoanalytic theory. Along with the concept of projective identification it became one of the most important bases of work for many psychoanalysts. Research by Money-Kyrle (1956) and Bion (1959) was some of the most important in that area as it showed that there was a pathological and a benign form of both mechanisms.

The discovery of the mechanism of counter-transference was made by Freud, when he began to look at the analyst's perspective in the therapeutic relation, which he describes in the paper 'The Future Prospects of Psychoanalysis' (1910). Counter-transference was then described as the emotional reaction to the patient's stimuli due to the influence of the patient's feelings on the analyst's unconscious feelings. Freud understood it as an obstacle to the progress of analysis and, as such, it should be removed.

The subject of counter-transference was still found in the psychoanalytic literature in the decades that followed but it was not developed to any great extent.

It was only in the 1950s that the subject gained a new dimension when it came to be considered a technical and theoretical problem.

KLEIN AND COUNTER-TRANSFERENCE

Despite Paula Heimann being one of Klein's closest collaborators, she never accepted her ideas about counter-transference. Grosskurth (1986) even suggests that it could have been one reason for the breakdown of their relationship, but Hinshelwood (1989) notes that they were not on good terms before that time, since Heimann never made references to Klein's theories of projective identification and the paranoid-schizoid position.

Klein never accepted the idea that the analyst, like the patient, could have feelings that interfere with the psychoanalytic process. Her position was close to that of Freud which saw counter-transference just as an undesirable emotional reaction on the analyst's part; it was an indication of lack of stability in his/her relationship with the patient and, as such, it was an obstacle that interfered with the analytical process.

In the Wellcome Institute archives we found a transcription of a meeting Klein held with some young colleagues in 1958. At that meeting Klein was asked about several issues, one of which was counter-transference. When asked about the value of counter-transference for the understanding of the comprehension of silences, she has this to say:

> Well, I think if I start with that then I have to say a little more about counter-transference in general, which has seen extremes of fashion in recent years, and at one time we have heard about counter-counter-transference. Now of course, the patient is bound to stir certain feelings in the analyst, and this varies according to the patient's attitude, and according to the type of patient; and there are of course the analyst's own feelings which he has to become aware of, I never found that the counter-transference has helped me to understand my patient better; if I may put it like this, I have found that it helped me to understand myself better. Here I would like to go back to old times – I remember very well in Berlin there was a saying 'If you feel like that about your patient, then go in a corner and think out carefully what is wrong with yo?' Now up to a point that is true. If a patient stirs in me a very strong feeling, either of anxiety or of premonition, or anything else, then there are a hundred possibilities and I would really be more interested to know why I am capable of reacting to that situation in that way, than why the patient raises it. I am quite aware that there are patients whose personality may appeal to me more than somebody else's personality and that of course makes a difference. But, here again one has to be very careful because what is called a too positive counter-transference may be a greater mistake than a negative counter-transference; because then one has to ask oneself, is one not influenced by this or that? I think it happens involuntarily, it happens on the spot, at the moment when one feels the anxiety disturbing one. Again is it a matter of experience, one would on the spot come to a conclusion as to what went on in oneself. Therefore I cannot find a case established, that counter-transference

> is to be a guide towards understanding the patient, I cannot see the logic of that; because it obviously has to do with the state of mind of the analyst, whether he is less or more liable to be put out, to be annoyed, to be disappointed, to get anxious, to dislike somebody strongly, or to like somebody strongly.

A little bit further on she's asked about whether the close relationship between counter-transference and empathy being a sine qua non of a good psychoanalyst and her answer is:

> There is a great deal in what you are saying now, because to be able to accept that, now I see very mean traits in the patient, that he really is out to get everything out of me that he can, that his attitude is really one in which he gets out of people what he can and then turns away, perhaps even maligns them – is not easy. We get such characters to be treated as patients, and what Dr. Leigh just said has a great deal to do with it, that is empathy with the patient. If we see such character traits worked out against ourselves, and instead of feeling 'Now I can't bear this patient, and that proves that he is this or that'. If instead I really feel 'Well I want to study him, if he is so greedy, so envious, that is part of his psychology, that is why he came to me, and is what I want to understand,' then there is another element, not only empathy, and it is the wish to know. Now the wish to know, I think, is a very important thing in being analyst; the wish to explore the mind whatever the mind is like.

Those answers show that Klein always took the position that counter-transference was above all something that helped the analyst to realize what was going on with himself and that it could interfere with the analytic work. The feelings that were triggered in the analyst were an alert that allowed him/her to solve his/her own problems. But, in a way, that is what we already know about Klein's work.

What is new in this note from the Wellcome Institute archives, especially, in the above quotation, is the idea that the 'wish to know' is very important to be an analyst. Obviously, it is the desire to know, curiosity, that is the basis for the progress of any science, and it is not different with psychoanalysis. However, 'wish to know' in a psychoanalytic sense was only to be conceptualized in the post-Kleinian era. W. R. Bion has done most to show how that aspect was essential to

the growing of the therapeutic relation developed in Klein's analytic work.

Analysis of Klein's work shows that her wish and capacity to explore her patient's minds is always present, but she never conceptualized that specific aspect.

Based especially on Klein's findings about schizoid mechanisms (1946), her followers, particularly Bion, made significant contributions to the understanding of the psychoanalytic relation. In the 1950s, Bion began to develop his work from some of Klein's ideas, mainly the concepts of the paranoid-schizoid and depressive positions and the concept of projective identification, assigning them a fundamental role in the therapeutic relation. Through the work based on those two concepts Bion gave substance to the ideas that Klein started but did not develop. Two of these are the question of empathy and the desire to know, related to the psychoanalytic process.

When Klein proposed the theory of the paranoid-schizoid position in 1946 she presented the concept of projective identification, which she defined 'as the prototype of the aggressive object-relationship, representing and anal attack on an object by means of forcing parts of the ego into it in order to take over its contents or to control it and occurring in the paranoid-schizoid position from birth'. This concept became central in Klein's work, but some of her followers systematically explored and developed its implications for the therapeutic relation.

Bion was undoubtedly the most important contributor in that area. In 'Attacks on Linking' (1959), 'A Theory of Thinking' (1962) and 'Learning from Experience' (1962) he develops the idea that there are a benign and a pathological form of projective identification. The difference between them lies in the intensity of the violence that is present when the mechanism is used, and so the mechanism of projective identification has two main objectives as is summarized by Hinshelwood:

- One is to evacuate violently a painful state of mind leading to forcibly entering an object, in fantasy, for immediate relief, and often with the aim of an intimidating control of the object, and
- The other is to introduce into the object a state of mind, as a means of communicating with it about this mental state. (Hinshelwood 1989: 184).

Klein was not in possession of this new tool and so her approach to the benign aspect of projective identification was made from the point of view of the mechanism of identification. That aspect of her work can be easily understood in the article 'Identification' (1955), where through the

analysis of the novel 'If I Were You' by Julian Green, she develops some aspects of the mechanism of projective identification that she referred for the first time in 1946, such as the fact that the object is equated with the split parts of the self. In this article she emphasises the choice of the object for projective identification, the anxiety that is raised by the fact that some parts of the personality are outside of the new personality and, in particular, the question of the subject's change of identity, which is illustrated by the several personalities that Fabian's character acquires as the story develops.

Although it is obvious that the analyst must feel empathy for his/her patient for analysis to progress, both parts have been analysed more or less independently. Freud conceived the analyst as a blank screen on which the patient projected his/her emotions; Klein conceived the analyst as always present in the patient's interventions, everything was transference. In the first fifty years of psychoanalysis the relation between the analyst and the analysand went from one extreme to the other, but never received too much attention as an entity in itself. That was to happen with Bion's developments of the theories of Freud and Klein. Similarly, Donald Meltzer was also starting his investigations into the psychoanalytic process (1965), postulating it as a field theory instead of seeing it in a dualistic way.

When Klein presented the theory of the depressive position she said that she was using the term 'position' to give the idea that the processes she was describing were not rigid, which was even clear with the presentation of the paranoid-schizoid position; she established that the processes that occurred during the first year of life would be active throughout life, and they would only change in quality and quantity. The idea that there was an interaction between the two positions was also inherent in her formulation, but she never clearly elaborated

When Bion started his investigations with psychotic patients, he came to a series of conclusions that allowed him to clarify how interaction occurs during the person's life. Two of his most important ideas were among those conclusions: the pair continent/content and the interaction between Ps and D.

Through the conceptualization of the interaction Ps-D, it becomes clear what Klein meant when she opted to use the term 'position', i.e. mental development happens through the interaction of phases of dispersion (PS) and integration (D). However, the elements of each phase are not rigid, meaning that elements from PS could be integrated, as explained in the book 'Elements in Psychoanalysis' (Bion 1963: 42-43):

> PS may be regarded as a cloud of particles capable of coming together, D and D as an object capable of becoming fragmented and dispersed. The particles may be regarded as closing on to one elementary particle, object, or b-elements, a process that is a particular instance of the general movement represented by D.
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> D may be regarded variously as an integrated object, as an agglomeration produced by the convergence of elementary particles on to one particle or b-element, or as an especial instance of integrated object, namely, either the container and the containing. It may be taken to represent the universe of dispersed fragmentations or elementary particles PS. That is to say, if the field of fragmentation is the significant feature then D may represent the whole field of elementary particles.
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> [...] In sum, the two mechanisms can each operate in its characteristic manner of operation or reminiscent of the manner of operation of the other.

With the presentation of this process a new dimension is introduced in the patient/analyst relation, in which the patient projects in the analyst his/her contents and hopes that the analyst can accept, transform and return them in such a way that the patient can think them. This way, patient and analyst are understood as an entity that progresses, stops or regresses, depending on the kind of relation they maintain. Bion used the relation between the mother and the baby as the model for the pair container/containing and establishes three kinds of links: parasitic, commensal and symbiotic. The parasitic link represents a relation destined for failure because it is dominated by pathological projective identification; the consequence is that the container cannot contain what is projected by the containing, and the latter is then annihilated by anxiety and has no options to modify it. The commensal and symbiotic links, however, are dominated by a benign projective identification, but only the symbiotic link represents a relation where there can be mental growth in both elements, which is mutually beneficial. The commensal link may be considered harmless since there is no growth or destruction of the elements.

But for the mutual growth characteristic of the symbiotic link the desire to know mentioned by Klein is necessary, not only on the part of the analyst but on the part of the patient, too, which means that there can only be evolution when the analytical work is done in K. The importance of this process is very well illustrated by Carlos Amaral Dias when he writes (Dias 1995: 80):

> The relation container/containing where both the container and the containing are the result of the primary emotional experience make us give a new dimension [...]. That wonderful act, of which the word empathy is such a poor approximation, favours the development of the container. That way the container looks for a capable receptor and the containing looks for a container in which to be received. So it is impossible for either to develop in isolation. The same happens in analysis. The analysand's isolated mental growth is thus impossible without the analyst's subsequent mental growth.
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> Psychoanalytic work is therefore a promoter of the emotional growth of both partners of the link.

Following the struggle between love and hate that Klein put at the centre of the mental processes, Bion went on to elaborate the link theory, calling the links L (Love) and H (Hate), adding the K (Knowledge) link to show the importance that knowledge has in the therapeutic relation. By introducing that third dimension into the model of the mind, it became possible to understand some psychoanalytic theories from a different angle and to enlarge their technical potential. From then on, the struggle between love and hate was no longer the only source of disturbance. The tolerance to known new things also became an aspect that needed attention.

With the introduction of the K link, Bion showed that mental life depends on an apparatus to think thoughts, which can only be constituted when there is enough capacity to tolerate a new fact since the appearance of a new fact is always achieved through a catastrophic change which itself is accompanied by mental pain. The way the subject deals with the pain largely determines whether there will be a normal or pathological development. In that situation the subject can modify or avoid the pain.

The link theory provided an opportunity to understand that in the therapeutic relation the analyst's function is not that of interpretation but goes beyond it; there is another task that is related to how each of the links is used. Klein apparently also understood that there was more than interpretation in analytic work, as we can see from the following extract from the Wellcome archives:

> **Analyst's Attitude – Counter-Transference**
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> There is much besides interpretation which forms part of the analytic technique. In order to be able to interpret we must first

> have understood something. This understanding is first and foremost based on an interest in the other person's mentality (which seems to be essentially to be based on identification). The interest of the analyst in another person's mind and feelings derives, as we know, from many sources, with which I shall deal with later in detail.
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> At present I only wish to stress that what enables an analyst to get well in touch with the patients is the capacity of identifying oneself with them. When we are listening to the patient we get in touch with the patient's mind not when we start to interpret, but when we first listen to him. It is essential to realise that not only do we get in touch with the patient's unconscious but that the patient gets in touch with our unconscious as well.
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> Of course we soon see that the patient attributes all sorts of roles to us which are dictated by his state of development and his unconscious, and that he might develop a very distorted picture of our unconscious motives, but I have nevertheless found that somewhere there is some knowledge about our atual motives too, and that a friendly sympathetic attitude towards the patient, which is implied in identification, is unconsciously realised by the patient and forms the basis for his allowing us to understand him. Of course this seems all so obvious, because one would think it is absolutely natural that identification would form the basis of work like ours, but I think that in going into details about the sources of gratification connected with the analytic work we might find that (such an important part does not) it is by no means based just on identification. What I want to stress is that the attitude with which we listen and with which we try to get in touch with the patient is a fundamental part of our technique.

Identification and the unconscious as discussed by Klein are thus replaced by the choice of one of the links by the analyst. Because the emotional experience cannot be conceived outside a relationship and since this one is dominated by the L, H, and K links, the analyst will also resort to them to simplify the complexity of his/her own emotional experiences and to reflect on them. By choosing one link, the analyst intends to make just one statement that is valid according to their beliefs; it does not have to be an exact statement about a 'realization' but it could look like a true reflection of their feelings and that could be the basis of all the statements they will make, The choice of one link is not deter-

mined by the need to represent a fact but by the need to find a key that makes it possible to validate the other elements that are combined in the formulation of those statements. In psychoanalysis, where the value of one statement depends on the other statement, the need to know that key-statement is of the utmost importance. When an analyst chooses their symbol they should feel that it is correct and that they have established a reference point. This reduces the danger of producing a system of abstractions without a solid basis and that could be liable to arbitrary manipulation. When that happens, the patient will have more chance of understanding the analyst's interpretations and then both can establish a relationship in K, which will allow mutual growth.

However, Klein did not have those tools to help her further her understanding about was going on beyond interpretations in the therapeutic relation. But we can see that from the moment she defined the mechanism of projective identification she could have had a new perspective about those aspects. In a note from the Wellcome archives, she writes:

Remarks on Congress Discussion on Counter-Transference, 1953

> I shall make a few remarks about counter-transference. The fact that the predominance given to the libido in psychoanalytic thought was maintained for so long and that only recently the importance of aggression is being fully evaluated, has had something to do, I believe, with the counter-transference of analysts. By giving fuller attention to libido, they also gave fuller attention to the positive transference and in this way saved themselves from the effects of negative transference, that is, from having hatred and hostile feelings directed against them by the patient. In passing I would say that, more recently, one can observe that some analysts give undue attention to the negative transference, that is to say, they do not allow sufficiently for the mixture of love and hatred, which, alternatively or simultaneously, will show itself in the transference. This, too, I would connect with the counter-transference, for to concentrate on the negative feelings of the patient only is also, I think, a way of overcoming the anxieties aroused by the hostility of the patient.
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> To turn now to the schizophrenic patient, the fear of his hostility in some cases where he is actually dangerous is no doubt an influence on the counter-transference of the analyst, even where precautions are taken. With schizophrenic patients who are not dangerous, but who direct their silent, non-co-operative and dee-

ply hostile attitude towards the analyst, his counter-transference is inclined to be a negative one. In addition to all this, there is a point I wish to stress – the particular processes of the schizophrenic of splitting his own ego and the analysis of projection identification [sic], a term o coined to denote the tendency to split parts of the self, and to put them into the other person, stir in the analyst very strong counter-transference feelings of negative kind. He may get tired, he may wish to go to sleep, he feels assailed by the patient intruding into him and may fight against this intrusion. In my view, this fact, more than any other, is the reason why, in such situations, analysts have always been inclined to alter the situation by reassuring the patient, by trying to bring on the deepest anxieties of the patient, etc. I think that it is only by knowing more of these processes, derived from the infantile paranoid schizoid position that the analyst can cope with the counter-transference.

I wish to draw a conclusion from this. I believe that the understanding of the psychopathology of schizophrenia and the therapy have been very much held up by the counter-transference feelings of analysts, notwithstanding their scientific interest in the study of schizophrenia.

The work of some of my colleagues has shown that, by taking full account of both the negative and the positive transference, and by tracing it back to its earliest sources, a promising therapy of schizophrenia is possible. I believe that only by going back to this earliest processes is the patient enabled to achieve greater synthesis and integration, with his splitting processes diminished, and that he also acquires a greater capacity to introject good objects, all of which underlies the process of the cure of schizophrenia.

I fully agree with Dr. Katan, who stresses the importance of keeping in mind, in the analysis of schizophrenics, the sane part of their personalities. I always thought it important to take into account, when analysing even very young children, that part of their ego which has already developed, and not only consider the primitive and earliest processes, but I believe that, if the attention paid to the sane part of the schizophrenic it too much stressed and accordingly the analysis of the psychotic part underrated, the prospects of the cure will suffer.

Dr. Hartman has again mentioned his concept of neutralization.

> I described, many years ago, the processes underlying neutralization in terms of the mitigation of hatred by love, of aggression by libido. By doing so, I had very much in mind that the analyst has to go back to the earliest stages of development, whereby the mitigation of hatred by love becomes possible, and also suggested that such changes at bottom imply changes in the fusion between the life and death instinct.

If, as we saw earlier, counter-transference was approached from the mechanism of identification, this, as Klein pointed out in the note 'Analyst's Attitude – Counter-transference' presented earlier, was not enough to explain everything, now, with the mechanism of projective identification, something else could be explained. This was analysts' attitudes to their schizophrenic patients, since now their aggressiveness and hostility could be explained in the light of the processes of introjection and projection which Klein called projective identification. Although still a long way from the developments that would attribute a benign characteristic to that mechanism, is it necessary to recognize its importance to understanding both analyst and patient.

Klein's perspective here is close both to Freud and Bion. The idea that there must always be a wish to know, was referred to by Freud as the 'epistemophilic impulse', an idea that was also recognized by Klein in the earlier phases of her work – Early Analysis (1925); Early Phases of the Oedipus Complex (1928); The Importance of Symbols on Ego Development (1930) – but that was not developed further. Anyway there a big difference between Freud's and Klein's perspectives: for him that impulse was due to the libido while for her it was derived from sadism. It was through the sadistic attacks directed at the mother's body, which becomes the first object to be known, that the knowledge process begins. When the defences against sadism are used massively, then there is the inhibition of the desire to know. That perspective could be modified if it was understood that destruction was not the only function of the attacks directed at the object, but that they were also a way of establishing relations with a benign character.

So the process that Klein conceived as projection and forced intrusion of parts of the self into the object with destructive purposes would be found to have a certain number of functions that were to be considered fundamental for a balanced development. When Bion established the existence of the non-psychotic and psychotic parts of the personality it became clear that some of the mechanisms described earlier, such as

projective identification or splitting, were always present and depending only on the intensity with which they are used and on the intensity of the defences used against them.

CONCLUSION

Klein always saw counter-transference as a psychoanalyst's problem and as such it should be solved so as not to interfere with the psychoanalytic process. So she could never accept Heimann's and Racker's idea that counter-transference was a useful aid to understanding the patient.

The works of Bion and Rosenfeld in the 1950s began to show that there is a pathological and a non-pathological form of projective identification. That discovery was essential to understand the vicissitudes of the patient/analyst relationship. Along with those findings, Money-Kyrle also came to the conclusion that counter-transference could be benign or pathologic, depending on if it is used to understand patients or to avoid them. These conceptions on projective identification and counter-transference were crucial for the progress of the psychoanalytic theory and technique.

The unpublished Kleinian material presented in this article shows that Klein thought about many important aspects that would be developed by her followers, even if she did not address them in her work. Here we have discussed the example of the 'wish to know' and 'empathy' that were later developed by Bion.

REFERENCES

Amaral Dias, C.
1995 *(A) Re-Pensar*. Lisboa: Edições Afrontamento.
Bion, W. R.
1989 [1963] *Elements of Psychoanalysis.* Londres: Karnac Books.
1993 [1967] Second Thoughts. Londres: Karnac Books.
Heimann, P.
1950 'On Counter-Transference'. *International Journal Psychoanalysis* 31. pp. 81-4.
Hinshelwood, R. D.
1989 *A Dictionary of Kleinian Thought.* Londres: Free Associations Books. 1998.

Little, M.
1950 'Counter-Transference and the Patient's Response to it'. *International Journal Psycho-Analysis* 32. pp.32-40.
Money-Kyrle, R. E.
1955 'Normal Counter-Transference and Some of its Deviations'. *International Journal Psychoanalysis* 37. pp.360-66.
Racker, H.
1953 [1948] 'Contribution to the Problem of Counter-Transference'. *International Journal Psychoanalysis* 34. pp.313-24.

O Conceito de Contra-Tranferência em Melanie Klein a Partir de Material Não-Publicado

Melanie Klein's Concept of Counter-Transference Taken from Unpublished Material

Sumário

Este artigo é acerca do conceito de contratransferência em Melanie Klein, baseado em material não publicado. Klein considerava os sentimentos do psicanalista em relação ao paciente como algo negativo, interferindo com o processo psicanalítico. Contudo, alguns dos seus seguidores, particularmente Herbert Rosenfeld and W. R. Bion, mostraram que os sentimentos do psicanalista poderão ter também uma forma benigna e crucial para a relação psicanalítica. Na verdade, Melanie Klein também compreendeu a existência daquela dimensão benigna, expressa nas suas ideias de 'desejo de conhecer' e 'empatia', mesmo se ela não desenvolveu estes conceitos na sua obra publicada.

Palavras-chave: Melanie Klein, contra-transferência, processo psicanalítico, relação psicanalítica, Bion.

Summary

This article is about Melanie Klein's concept of counter-transference based on some unpublished material. Klein considered the psychoanalyst's feelings regarding the patient as something negative, interfering with the psychoanalytic process. However, some of her followers, particularly Herbert Rosenfeld and W. R. Bion showed that the psychoanalyst's feelings could also have a benign form crucial to the psychoanalytic relationship. In fact, Melanie Klein also realized the existence of that benign dimension, expressed in her ideas of 'wish to know' and 'empathy', even though she did not develop these concepts in her published work.

Key-words: Melanie Klein, counter-transference, psychoanalytic process, psychoanalytic relationship, Bion.