Klein and Winnicott: Contrasting Mothers, Contrasting Theories

Susan Kavaler-Adler—Object Relations Institute

Keywords: narcissistic, envy, mourning, loss, guilt, transitional-space, clinical, integration, dialectic

Abstract: Two major psychoanalytic theorists of the last century molded their theories around experiences with two sharply contrasting mothers. Understanding the impact of their mothers helps us to integrate complementary aspects of their theories for the most comprehensive impact on clinical work in psychotherapy and psychoanalysis. A look at the two theorists' mothers takes us to the "great debates" in the British Society in London, which dominated the growth of psychoanalysis in the 1940s and 1950s. The dangers of polarization are examined, along with the constructive avenue of clinical theory integration. Psychobiography focuses a dramatic lens on the splits that occurred, both inside the psyches of the theorists and outside in the societal politics of the British Society, which spread its effects through the entire psychoanalytic world, affecting us profoundly today in America.

Winnicott's Mother

The poignant "Tree" poem (1963) I cite below by Donald W. Winnicott testifies to Winnicott's helpless and despairing experience in the face of a "dead mother"; or in the face of what can be seen to be a mother who is encased and engulfed in a schizoid depression. A schizoid depression is that of an undeveloped infant self that has died in its isolation within the internal world. As the child who is compelled to enliven the dead mother, Winnicott had no choice but to mother his mother, until his own emotionally starving infant-self wanted to give up and die. However, in the process of being compelled to nurture his own undeveloped mother, Winnicott learned, first hand, to play out the role of the false (caretaking) self, which he spoke about in his theorizing on the false self character disordered personality.

Mother below is weeping
weeping
weeping
Thus I knew her
Once stretched out on her lap

as now on a dead tree
I learned to make her smile
to stem her tears
to undo her guilt
to cure her inward death
To enliven her was my living……
Now mother is weeping
She must weep
The sins of the whole world weigh less than this
woman's heaviness
O Glastonbury
Must I bring even these thorns to flower?
even this dead tree to leaf?
How, in agony
Held by dead wood that has no need of me
by the cruelty of the nail's hatred
of gravity's inexorable and
heartless pull
I thirst…
It is I who die
I who die
I die
I

(*The Collected Works of D. W. Winnicott*, Vol. 6, part 4, 499-500).

Donald W. Winnicott's Mother

This poignant poem by Winnicott testifies to his helpless and despairing experience in the face of a "dead mother" (Green, 1983; also see the study of Emily Dickinson in Kavaler-Adler 1993/2013), or in the face of what can be seen as a mother who is encased and engulfed in a schizoid depression. A schizoid depression is that of an undeveloped infant self that has died in its isolation within the internal world. As the child who is compelled to enliven the dead mother, Winnicott had no choice but to mother his mother until his own emotionally starving infant self wanted to give up and die.

Through his mother, Winnicott also learned how to genuinely reach out and empathize with a dependent other. It is easy to conjecture that this is the source of Winnicott's professional motivation to become a pediatrician who liked to teach mothers how to mother. This, in turn, led to his form of psychotherapy, when he studied to be a psychoanalyst at the British Psychoanalytic Society

institute and then rejected the totally intrapsychic focus in order to look at the early real environment of the infant, toddler, and child. D. W. Winnicott could then look at trauma and have a vision of all the false self-operations that constructed the arrested psyche of many individuals. He was looking at the trauma of those who, in his words, did not have a "good enough mother."

Melanie Klein's Mother

In contrast to the experience of Winnicott with his mother stands that of Melanie Klein and her mother. Klein's mother was not dead and did not suffer from schizophrenia. She was full of manic aggressive energy and her false self was that of a narcissistic grandiose self, not a caretaker false self nor a helpless dependent child self. As delineated in Phyllis Grosskurth's 1986 biography of Melanie Klein, *Melanie Klein: Her World and Her Work*, and in my 2014 book, *The Klein Winnicott Dialectic: Transformative New Metapsychology and Clinical Theory*, Klein's mother, Libussa Reizes, was overtly manipulative, guilt tripping, and micromanaging. She demonstrated a manic and omnipotent control as well as a profound narcissistic sense of entitlement. Libussa even demanded that her daughter Melanie have her come along on her honeymoon with Arthur Klein. She also took over her daughter's family once Melanie had children, sending her daughter off to health spas (on Arthur's dime), while she hosted Arthur's business dinners. Libussa was always inventing excuses to keep Melanie away, and she and her husband apart. She was certainly no shrinking schizophrenic violet!

Klein's theory would reflect the different form of mother she had from Winnicott's mother. Further, I have theorized that Melanie Klein's metapsychology of the death instinct reflected her denied and dissociated internal significant other ("bad object" in the language of psychoanalysis) mother, her *demon lover* mother, one who was projected out and/or covered over with a false idealization that reflected a grandiose attitude. Such an attitude often got Klein in trouble, but she always presumed that anyone who disagreed with her was expressing their instinctual envy.

Contrasting Mothers, Contrasting Theories

The mothers of the two theorists seemed to form the background for the differing theories of Klein and Winnicott. Unlike Winnicott's attempt to repair himself through using his skills at mothering by caring for pediatric and psychotherapy patients, and unlike his interest in the traumatizing aspects of the real mother and

the maternal environment, Klein launched her internal world focus. She attempted to repair herself by claiming that the outside mother was always a benign and positive influence, and all the trouble was inside the child and the adult, with the bad persecutory mother always being a fantasy mother inside each individual's internal world. Unfortunately, Klein didn't realize that she had a bad mother inside, because she managed to dissociate and repress it, covering it over with an idealized mother. Consequently, for Klein, all the "bad stuff" is within, in opposition to Ronald Fairbairn's radical theory of primal trauma and Winnicott's view of environmentally induced trauma.

By maintaining the belief that her bad mother was inside of her as an instinctual dynamic that was evidence of unconscious fantasy without real world parental and maternal impact, Melanie Klein could defensively protect the image of her mother. In fact, she defensively protected the image from the impact of her whole life experience of her mother. This seems to have been a perpetual implication of primal guilt in the child, even before they reached an age where authentic existential guilt for hurting the one you love becomes possible. Klein envisions guilt even before the depressive position experience of regret. However, she sees potential guilt as aggression projected out, and then feared as a persecutory assault when the mind is first born into the paranoid-schizoid position and when it returns to that position to defend against both guilt and loss.

Winnicott appeased his internal mother by projecting her onto patients whom he cared for in a holding environment manner, trying to avoid interpretation. Klein, on the other hand, appeased her internal mother by making all children and adults (with children inside of them) solely responsible for the childhood aspects of the persecutory mother within.

The Sociological and Historical Divide

In the 1930s, when Klein first read her "Envy and Gratitude" paper (1957), Winnicott walked out of the meeting where she was reading. Winnicott was outraged by Klein's mode of interpretations to her patients in this paper. Klein was telling her patients about all the unconscious hostile attacks they were making on the analyst, which she cited from dream material in particular, along with behavior in the sessions, as well as in conscious fantasies and associations. In the paper, Klein also creates a theory that extends the idea of an innate death instinct, in the form of innate hostile ag-

gression, which implies intention—quite apart from Freud's death instinct theory of entropy or nirvana. In "Envy and Gratitude," Klein extends her meta-psychological theory of the death instinct from that of generalized hostile aggression to the more relational concept of unconscious envy being acted out against the other, often against someone whom one is dependent on, as in the transference to the analyst as mother in treatment. When envy has its most vicious potency, it is either repressed or split off.

Thus, Klein goes beyond the idea of an abstract death instinct metapsychology and brings the specifics of an assumed death instinct into the clinical session. She interprets the patient's unwitting attacks on her as a powerful "transferential mother," and she does so as much as possible, without taking any of it personally. She sees the patients' subtle hostility, which she reports in symbolic form through dreams as the envy toward the powerful psychoanalyst, who is fantasized to be omnipotent. Klein may have viewed her own mother as she interprets her patients to be viewing her, because her mother was so controlling that she assumed an omnipotent attitude. All of Klein's interpretations in this paper focus on the unconscious transferential hostility of the patient, who she theorizes to be expressing their innate instinctual aggression in the form of the interpersonal feeling of envy.

For Winnicott this was a travesty, because he had just spent years, when training to be a psychoanalyst, trying to convince his Kleinian analyst, Joan Riviere, as well as others in the British Society and Institute, that it was not enough to interpret the patient's internal symbolic world. He spoke about the importance of "the environment," meaning the whole experience of that which took place outside the psyche: i.e., in the family (mother, father, siblings); in the house; in social groups; etc., all impacts that took place in what Winnicott was to later call "transitional space." He was speaking about good impacts and bad, but in the case of the bad, he was talking about real traumatizing agents in the child's first relationships, particularly going back to the mother, and not only to Klein's internal world mother, but to the outside mother who could be good, bad, or terribly destructive, and was certainly not always seen as benign, as in Klein's theory of the external mother. Fairbairn had gone all the way in that direction with his collected papers, which spoke, always, of the traumatic impact of the real mother, and subsequently of the real father and family.

So Winnicott left his Kleinian analyst and group. His rage

at the Kleinians had been building up because papers written from his perspective were rejected by their publications, as when they had a special anniversary volume with Kleinian contributions that he was excluded from. After walking out of the conference where Klein was presenting "Envy and Gratitude," Winnicott declared, "I'm no longer a Kleinian," to his second wife, Claire Britton. He was on his own.

With writings on "good enough mothers" developmentally containing "holding environments," clinical technique, and eventually on transitional objects and transitional space, Winnicott began to draw followers. He was aided by the editing of Masud Khan, who made his poetic, quixotic, and paradoxical work comprehensible. What is known as the Independent Group began to form, and before he knew it, Winnicott was banging out tunes on a piano in his home while aspiring psychotherapists gathered there, in his living room. These were the heretics once frowned on by the British Psychoanalytic Society, which did not see psychotherapists as qualifying in any degree as psychoanalysts. Kleinians looked down their manic defense noses at those who were pedestrian enough to focus on the external world of their patients. The British Psychoanalytic Society quite clearly stated to one another that Winnicott was a maverick who rejected the fundamentals of innate instinctual impulses that could become symbolized psychic fantasies.

This was a cultural phenomenon indeed! In a world where splitting was a term for psychic dissociation, splitting was being played out in the British Psychoanalytic Society, which had at first been threatened by Anna Freud's group having different theories and beliefs than the Kleinians. Thus followed the "great debates," where the Kleinians and Freudians tried to understand one another, mostly with the Kleinians having to explain their theoretical terms, especially in terms of psychic fantasy. The concept of psychic "phantasy" was well explicated by Susan Isaacs. Isaacs used anecdotal tales of her own daughter as a means for explaining the preverbal predisposition to what later would be symbolized and verbalized psychic fantasy.

With the end of the "great debates," the splitting British Society managed to salvage their whole entity by having two tracks for candidate training: the Freudian track and the Kleinian track. But what to do about this "weird guy" D. W. Winnicott? He was outside the doors of the British Society, never having completed his Kleinian analysis. Nevertheless, it was outside the doors of the

great British Society, with the "great debates," that a lively group of mavericks began to form with their new propaganda of "mutuality." They gathered in Winnicott's living room and sang together as Winnicott led the chorus, banging the keys of the piano, crying out "mi casa es su casa" (my house is your house).

Then they exploded onto the London stage when Winnicott began broadcasting his thinking in the form of talks to ordinary mothers on weekly radio broadcasts. The Independent Group had a professional who could be playful and had the capacity for creativity in everyday life. Winnicott was a model for spontaneity, the true self in action, even as he had his heart attacks, which eventually freed him from bondage to his first wife, Alice, the invalid wife who never allowed him to consummate their marriage.

Now there were three psychoanalytic cultures in Britain: two were in-house at the British Psychoanalytic and one was outside, in Winnicott's living room. This divide, without an overt violent splitting but with a lot of mutual rejection, became the three avenues of ascendance to a career as a mental health clinician in London and Britain. Those at Tavistock built on Winnicott's views of real life trauma and the environmental influence, such as Michael Balint, who wrote *Primary Love* (1953) and *The Basic Fault* (1968). Some retained their Kleinian views, but expanded them out into thoughts about early pre-Oedipal trauma, from the time when the first core self is forming. Balint had inherited Sandor Ferenczi's practice and was trying to put some boundaries around the work with his primitive patients. He was also experimenting, even with therapeutic touch.

The Theoretical Divide and the Clinical Integration

Although politics and history divided the Kleinian group from the Winnicottian Independent Group, as well as from the Freudians, the core truths within both the Kleinian and Winnicottian clinical theory—dogmatic metapsychology aside—can be integrated to make possible the most profound and effective clinical work. This integration allows psychoanalysis to be a spiritual practice of healing. This is the message of its therapeutic action, when core aspects of the theories of D. W. Winnicott and Melanie Klein are combined for clinical work. This is a combination of the heart, as well as a theoretical integration of the head. When we combine Winnicott's 1969 theory of "object survival" (see his "The Use of the Object and Relating through Identifications") and Klein's 1940 theory of mourning as a critical clinical and developmental process

(see her "Mourning and Its Relation to Manic Depressive States"), and expand its dimensions through my own theory of developmental mourning (see Kavaler-Adler, 1993, 1996, 2003, 2013, 2014), we evolve an approach to integrating the split off and repressed areas of the unconscious psyche that is totally organic.

Then we no longer have a need for mechanistic terms such as "affect regulation" or "ego functioning." We transcend all this and join in our innate organic nature while still practicing the complex art of transference and resistance work of traditional psychoanalysis. When we face our split off parts and contain those of our patients, we integrate our Jungian shadow parts and all the paranoid, schizoid, and manic aspects of our personality. Then we really know what is "fake news" versus what is the truth! We move forward into "heartache" from the dynamic dialectic of our body/mind self. In my 2017 article in the journal of *International Forum of Psychoanalysis*, "The Beginning of Heartache: On the Way to Relatedness and Intimacy through Primal Affects and Symbolization," I speak of the movement to health through heartache. This article extends the clinical integration in many of my books and articles, particularly *Mourning, Spirituality and Psychic Change: A New Object Relations View of Psychoanalysis* (2003) and *The Anatomy of Regret: From Death Instinct to Reparation and Symbolization in Vivid Case Studies* (2013).

There are so many clinical aspects of Klein and Winnicott to combine. The combination of object survival (not abandoning or retaliating) with mourning is only one clinical variety. We also have a multitude of other combinations, including the mixture of transitional space and surrendering manic defenses against organic surrender. Then there is the capacity for spontaneity and play, combined with the re-owning of split off aggression and split off eroticism. We also have the integration of Winnicott's capacity for concern with Klein's form of existential guilt in hurting the one you love. Also, there is the combination of compassion and empathy with that of gratitude, which evolves after the ownership of unconscious envy. What about the false self of Winnicott and the manic omnipotence of Klein, or the true self of Winnicott and the true versus manic form of reparation of Klein? Or the parental capacity to receive reparation of Klein, and the path to truth following ruthlessness of Winnicott? Many other combinations of developmental and clinical truths can be seen when we digest the theories of Klein and Winnicott.

Winnicott ran from the Kleinians and from writing about the internal world, but his transitional world and his growth towards concern and compassion are intricately woven from the cloth of Melanie Klein's depressive position of tolerance for the combination of guilt and loss. This guilt is guilt in its heartfelt organic existential sense, not guilt as a defensive cognitive construction, such as Fairbairn's spurious guilt of the child in the moral defense.

Susan Kavaler-Adler, PhD, ABPP, D. Litt, NCPsyA*, a Fellow of the Board and Academy of Psychoanalysis, is in private practice as a clinical psychologist and psychoanalyst for over 40 years. Her main clinical interests are developmental trauma and mourning, demon lover phenomenon, personality disorders, eating disorders, self-sabotage, creative blocks, and creativity. Dr. Kavaler-Adler is a Founder and Executive Director of the Object Relations Institute for Psychotherapy and Psychoanalysis (ORI), an educational institution, where she also serves as an active faculty member, a training analyst, and a senior supervisor. Kavaler-Adler, who is a member of the Psychohistory Forum, is an award-winning prolific author, with six books and over 60 journal articles and book chapters. She may be contacted at drkavaleradler@gmail.com.* ❑

Benjamin B. Rubinstein: A Finnish-American Psychoanalyst

Juhani Ihanus—University of Helsinki

Keywords: history-of-psychoanalysis, philosophy-of-psycho-analysis, psychoanalytic-concepts, psychoanalytic-hypotheses, neuropsychoanalysis, Benjamin B. Rubinstein

Abstract: The article presents Benjamin B. Rubinstein's (1905–1989) life and career in Finland and then in the United States, where he experienced a traumatic instructor-candidate relationship with Karl A. Menninger and founded his psychoanalytic practice in New York. His themes concern the unconscious from the point of view of the mind-body problem, the relation of the clinical psychoanalytic theory to other scientific theories, and the specialty of the psychoanalytic concepts and "probabilistic" hypotheses. He is one of the most significant representatives of the philosophy of psychoanalysis and a critic of psychoanalytic metapsychology, thus renew-